

Case Number:	CM14-0168925		
Date Assigned:	10/17/2014	Date of Injury:	03/08/2013
Decision Date:	12/31/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and Spinal Cord Medicine and is licensed to practice in Massachusetts. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old male, with a reported date of injury of 03/08/2013. The mechanism of injury was a fall off a small ladder onto a small table, which caused an injury to the left leg. After ten minutes, the injured worker developed back pain and weakness in the legs. The current diagnoses include lumbar radiculopathy, spinal/lumbar degenerative disc disease, and spondylolisthesis. The past diagnoses included spinal/lumbar degenerative disc disease, and spondylolisthesis. The claimant has a history of a work injury occurring on 03/08/13 when he fell from a ladder while changing a light. He had back pain and lower extremity weakness. Treatments included physical therapy, TENS, and a home exercise program without improvement. He under went cervical and lumbar epidural injections. He was seen on 04/08/14. He had neck pain radiating into his upper extremities and back pain into the lower extremities. Pain was rated at 7-9/10. Medications included Norco. Physical examination findings included an antalgic gait. He appeared to be in moderate pain. There was decreased and painful lumbar spine range of motion and paraspinal and spinous process tenderness. He had decreased lower extremity strength with normal sensation. Neurontin 300 mg was prescribed. On 07/29/14 he was having difficulty sleeping. He had stopped taking hydrocodone and gabapentin due to sedation. Percocet and Ultram had been ineffective. Cymbalta was prescribed and samples of Zorvolex were provided. Test results were reviewed with an MRI in May 2014 showing findings of multilevel degenerative disc disease and Grade 1 L5-S1 spondylolisthesis and EMG/NCS testing showing a mild right sensory peroneal neuropathy. Include no. Zorvolex 35 mg #60 was prescribed. On 09/09/14 he was having ongoing difficulty sleeping. Physical examination findings appear unchanged. Conservative treatments were continued. On 08/12/14 he was having ongoing symptoms. He was having difficulty sleeping. Cymbalta had been prescribed but had

not been authorized. There had been no improvement with a lumbar epidural steroid injection. Imaging results were reviewed. His Cymbalta dose was increased and Zorvolex was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zorvolex 35 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zorvolex

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for radiating neck and low back pain. Zorvolex is a non-steroidal anti-inflammatory medication consisting of diclofenac in a formulation designed to allow lower dosing. It is indicated for management of mild to moderate acute pain and osteoarthritis pain. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, a special formulation of diclofenac is not medically necessary. The claimant has no history of intolerance or adverse effect related to non-steroidal anti-inflammatory medication use.