

Case Number:	CM14-0097082		
Date Assigned:	07/28/2014	Date of Injury:	01/21/2004
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/25/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 65-year-old gentleman who injured his right knee on 01/21/04. Records provided for review include the 05/14/14 progress report noting underlying knee arthritis for which recent treatment with Orthovisc injections provided only short term relief. It is documented that the claimant's pain is worse with standing and medications provide sporadic relief. Examination showed an effusion with no erythema or instability. Bloodwork including a CBC and chemistry panel were recommended due to the claimant's chronic nonsteroidal therapy use. There was also request for Zorvolex for continued antiinflammatory purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #90w 1refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs)-Nonselective diclofenac Page(s): 70-73,67.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the use of Zorvolex, a brand name for Diclofenac would not be indicated. Continued use of nonsteroidal agents in this individual would not be indicated. Claimant is noted to be with

sporadic benefit with medication usage on multiple various agents. Without documentation of long term benefit or functional relief, the role of further nonsteroidal agents would not be indicated. In the setting of knee osteoarthritis, the Chronic Pain Guidelines recommend use of NSAIDs in the lowest dose possible for the shortest dose possible for individuals with moderate to severe pain. Without documentation of long term benefit from the medication, the continued use of these medications for osteoarthritis in this individual would not be supported. Therefore, this request is not medically necessary.

1Lab Test to include CBC and CMP: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : NSAIDs (non-steroidal anti-inflammatory drugs), page 67 Page(s): 67.

Decision rationale: California MTUS Chronic Pain Guidelines would support the role of CBC and chemistry panel. The Chronic Pain Guidelines support routine monitoring of individuals on long term nonsteroidal therapy that would include periodic monitoring of both CBC and chemistry profiles including liver and renal function tests. Given this claimant's longstanding history of nonsteroidal usage and no indication of recent testing, the periodic assessment of these laboratory markers would appear to be medically necessary. This request is medically necessary.