

Case Number:	CM14-0186443		
Date Assigned:	11/14/2014	Date of Injury:	08/08/2013
Decision Date:	01/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for knee and leg pain reportedly associated with an industrial contusion injury of August 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and unspecified amounts of acupuncture over the course of the claim. In a Utilization Review Report dated November 3, 2014, the claims administrator failed to approve a request for Zorvolex (Voltaren). Gabapentin was apparently approved. The applicant's attorney subsequently appealed. In an October 24, 2014 progress note, the applicant reported reduction in pain scores with acupuncture and with gabapentin. The applicant stated that he was going to continue to titrate gabapentin upward. The attending provider stated that the applicant had previously developed symptoms of GI upset with naproxen, Motrin, and Mobic. The applicant reported only slight relief with usage of Voltaren gel for pain relief. The applicant was placed off of work, on total temporary disability. Gabapentin was titrated upward. Zorvolex was endorsed on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Diclofenac Sodium.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Guidelines, anti-inflammatory medications such as Zorvolex do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. In this case, Zorvolex was initiated for the first time on a progress note of October 24, 2014 and Request for Authorization (RFA) form dated October 28, 2014, i.e., just before the date of the Utilization Review Report, November 3, 2014. A trial of Zorvolex was indicated, particularly given the failure of multiple other first and second-line NSAIDs, including Motrin, naproxen, Mobic, and Voltaren gel. Therefore, the request is medically necessary.