

Case Number:	CM14-0189121		
Date Assigned:	11/20/2014	Date of Injury:	05/16/1996
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/12/2014

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 Management 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 patient is a 52 year old female with an injury date on 05/16/1996. Based on the 10/07/2014 progress report provided by the treating physician, the diagnosis is: 1. Status post lumbar fusion. According to this report, the patient complains of "low back pain with radiation down bilateral legs increased on the left. Patient reports she has had a flair up of pain for the last 3 days after doing housework." Pain is rated as 7/10. Physical exam reveals tenderness over the mid-line of the lumbar spine and the paraspinal musculature. Lumbar range of motion is restricted with pain. There were no other significant findings noted on this report. The utilization review denied the request for Zorvolex 35mg, #90 with 2 refills on 10/15/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 02/12/2014 to 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg, # 90 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications, non-steroidal anti-inflammatory dru.

Decision rationale: According to the 10/07/2014 report, this patient presents with "low back pain with radiation down bilateral legs increased on the left." Per this report, the current request is to start Zorvelex [Zorvolex] 35mg, #90 with 2 refills "for its anti-inflammatory effect." The MTUS Guidelines page 22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In this case, the request to start Zorvolex is supported by the guidelines. Recommendation is medically necessary.