

Case Number:	CM14-0198434		
Date Assigned:	12/08/2014	Date of Injury:	10/16/2001
Decision Date:	01/23/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 46 year old male with the injury date of 10/16/01. Per physician's report 03/14/13, the patient has stabbing, burning low back pain, radiating down the legs, at 5/10. His back pain is improved by medications, stretching, rest and SCS, which his back pain is worsen by prolonged standing. The patient has spinal fusion at L5-S1 in 2002 and SCS in 11/07. The patient is currently taking Norco 1 pill every other day to take the edge off and Anaprox as needed for pain. The patient ran out of Gabapentin which was helping his nerve pain. The stimulator is no longer working and it needed to be replaced. Range of motion (ROM) of lumbar spine is 100% normal. The patient underwent urine toxicology screen on 10/20/10 and 04/06/12. The patient has not worked since 2004. Diagnosis is lumbar radiculopathy. Per 08/25/14 qualified medical examiner (QME) report, the patient has "interesting medical marijuana. He ingests no NSAIDs, not even over the counter medications. When on medication, he states that he was more functional. "The utilization review determination being challenged is dated on 11/18/14. One treatment report on 03/14/13 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoroflex 35mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Zorvolex (diclofenac)

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremities bilaterally. The patient is s/p spinal fusion in 2002 and SCS in 2007. The request is for Zorvolex 35mg #90. California MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes onto state that there is substantial increase in stroke. In this case, the treater requested Zorvolex (Diclofenac) 35mg, 1 tab 3 times a day as needed to reduce lower back pain. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. The patient has been on Anaprox. None of the reports do not indicate how Anaprox has failed. The request is not medically necessary.