

Case Number:	CM14-0198675		
Date Assigned:	12/09/2014	Date of Injury:	11/25/2013
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/26/2014

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] beneficiary who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of November 25, 2013. In a Utilization Review Report dated November 5, 2014, the claims administrator denied to request for Zorvolex (brand-name diclofenac). The claims administrator referenced progress notes of October 27, 2014 and October 30, 2014, in its determination. The claims administrator contended that there was no evidence that the applicant had failed standard first line anti-inflammatories such Motrin or Naprosyn. The claims administrator did not, however, cite or reference any guidelines, which would support such a position. The claims administrator noted that the applicant had undergone elbow epicondylar release surgery on August 26, 2014. In said October 27, 2014 progress note, the applicant reported ongoing complaints of elbow pain. The applicant was currently smoking, it was acknowledged. The applicant was using Norco for pain relief. The applicant was nine weeks removed from elbow epicondylar release surgery. Zorvolex and work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 18mg PO #60, three (3) times per day, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Anti-inflammatory Medications Page.

Decision rationale: 1. No, the request for Zorvolex (brand-name diclofenac) was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent the traditional first line of treatment for various chronic pain conditions, including the chronic elbow and upper extremity pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "cost" into his choice of recommendations. Here, the attending provider did not clearly outline any compelling rationale for introduction and/or selection of Zorvolex (brand-name diclofenac) in favor of generic NSAIDs, including generic diclofenac. Therefore, the request was not medically necessary.