

Case Number:	CM14-0204041		
Date Assigned:	12/16/2014	Date of Injury:	09/14/2010
Decision Date:	02/05/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/05/2014

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 patient is a 29 year old female, merchandiser and sales representative, with date of injury 09/14/2010. The mechanism of injury occurred when she lifted at 50 pound case above her head and the case fell on top of her, hitting her on the right side of the neck and right shoulder. The patient complains of right lower neck pain and right periscapular pain with right arm and right hand pain and numbness. Pain is rated 4 of 10. The patient also complains of anxiety and depression. Treatment has included medications, ice, epidural injections and home exercises. The patient has been diagnosed with right cervical facet joint pain as confirmed by positive diagnostic fluoroscopically guided right C4-C5 medial branch block. right lower cervical facet joint pain at C5-C6, C6-C7 and C7-T1, cervical facet joint arthropathy left paracentral disc protrusion at C6-C7 measuring 4mm, cervical sprain/strain and anxiety. Exacerbating factors include prolonged sitting, lifting, bearing down and cervical ranges of motion. Utilization Review dated 12/02/2014 denied requested Zorvolex per Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35 mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. This is a prescription for chronic NSAIDs which is not recommended by the MTUS Guidelines. The request for Zorvolex 35 mg #90 with 2 refills is determined to not be medically necessary.