

Case Number:	CM14-0207029		
Date Assigned:	12/19/2014	Date of Injury:	06/24/1992
Decision Date:	02/10/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal Medicine, has a subspecialty in Geriatrics and is licensed to practice in New York. 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 injured worker is a 47 year old man with a date of injury of 6/24/92. He was seen by his provider on 10/21/14 with complaints of right shoulder and neck pain. His pain was said to be controlled by medications. His exam showed tenderness of the scalene muscles, sternocleidomastoid and supraclavicular fossa. He had pain with active range of motion. His strength was 4/5 - 5/5. He had decreased sensation on the left C5-C8 dermatomes. He had pain with facet loading of the cervical spine. His diagnoses were shoulder pain and neck pain / cervicalgia. At issue in his review is the request for zorvolex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Online Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1992. The medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including narcotics and NSAIDs. Per the guidelines, for the treatment

of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify use. The medical necessity of Zorvolex is not substantiated in the records.