

<b>Case Number:</b>	CM14-0207865		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab 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 32 year old male with date of injury 9/4/14. The treating physician report dated 10/30/14 (143) indicates that the patient presents with severe pain affecting the left elbow. The patient is scheduled to start physical therapy on 10/31/14. The physical examination findings state that the patient is frustrated, guards the left elbow, when the sling is removed the elbow is very tender to the lateral epicondyle and there is pain with extension of the elbow and unable to extend past 45 degrees. MRI findings dated 6/26/14 of the left elbow reveal a partial tear of the common extensor tendon. The current diagnosis is left lateral epicondylitis. The utilization review report dated 11/11/14 denied the request for Zorvolex and Tramadol based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zorvolex 35mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Zorvolex

**Decision rationale:** The patient presents with acute left elbow pain with positive MRI of partial tear of the common extensor tendon. The current request is for Zorvolex 35mg. The treating physician states, "Stop Ibuprofen, Start Zorvolex capsule 35mg, 1 capsule orally 3 times a day 30 days." The MTUS guidelines support NSAIDS for the treatment of moderate to severe pain. The ODG guidelines updated 1/20/15 states, "Zorvolex is not recommended except as a second-line option, because diclofenac products are not recommended as first-line choices due to potential increased adverse effects. It is an expensive, brand name only, second-line medication with little to no place in the treatment of workers compensation injuries." In this case, the current request does not indicate a quantity or duration for this medication and ODG does not support Zorvolex. The current request is not medically necessary.

**Tramadol HCL 50mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with acute left elbow pain with positive MRI of partial tear of the common extensor tendon. The current request is for Tramadol HCL 50mg. The treating physician states, "Stop Norco, Start Tramadol HCL tablet, 50mg, 1 tablet as needed 3 times a day (tid) as needed (prn)15 days." The MTUS guidelines on page 93-94 states that Tramadol is an option for patients in need of immediate pain relief. While this patient appears to require this medication, the current request does not specify the quantity or duration of treatment for Tramadol usage. As such, the current IMR request is not supported as an unlimited amount for an unlimited duration is not supported by MTUS for opioid medications. The current request is not medically necessary.