

<b>Case Number:</b>	CM14-0209879		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 46-year-old woman with a date of injury of 09/12/2011. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/06/2014 indicated the worker was experiencing right buttock pain that went into the right thigh and right foot numbness with tingling. The documented examination described tenderness in the lower back with spasm, tenderness in the right buttock and where the back meets the pelvis, decreased motion in the lower back joints, positive testing involving raising the straightened right leg, and decreased sensation along the paths of the right L4 and L5 spinal nerves. The submitted and reviewed documentation concluded the worker was suffering from a herniated nucleus pulposus in the lumbar region and a history of a left calf partial rupture. Treatment recommendations included oral pain medication, medication injected near the lower back spinal nerves, acupuncture, and a home exercise program. A Utilization Review decision was rendered on 11/19/2014 recommending non-certification for ninety tablets of an unspecified dose of Zorvolex (diclofenac) with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective: Zorvolex #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), formulary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-73.

**Decision rationale:** Zorvolex (diclofenac) is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation concluded the worker was suffering from a herniated nucleus pulposus in the lumbar region and a history of a left calf partial rupture. The request was made for an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. There was no discussion describing special circumstances that sufficiently support this request. In the absence of such evidence, the current request for ninety tablets of an unspecified dose of Zorvolex (diclofenac) with three refills is not medically necessary.