

Case Number:	CM15-0005844		
Date Assigned:	01/20/2015	Date of Injury:	05/13/2013
Decision Date:	03/13/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 female patient who sustained an industrial injury on 05/13/2013. An orthopedic spine consultation dated 08/13/2014 reported the patient iwth a chief complaint of low back and leg pain. She has undergone a failed non-operative treatment. She is prescribed Butrans and Neurontin. Physical examination found spasms, a positive straight leg rasing bilaterally and diminished patellar Achilles reflexes. She is diagnoed wth dicogenic back pain, lumbar radiculitis and chronic back pain. The plan of cre involved discogram of the lumbar spine,pain management and urine toxicology. Her disability status is temporarily totally disabled from 08/13/2014 through 10/15/2014. On 12/05/2014 Utilization Reveiw non-certified the request for Butrans, Zorvolex and Neurontin, noting the CA MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 30mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zorvolex 30 mg #90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the injured worker's working diagnoses are chronic intractable low back pain with left buttocks and sciatica leg pain; lumbar sprain with 4 mm disc bulge at L5-S1; left lumbar radiculitis; left piriformis pain syndrome; left leg numbness; 5 mm disc bulge at L2-L3, per MRI; mechanical fall 5/2013; remote history of methamphetamine use 15 years ago; history of depression secondary to hypothyroidism; localized temporary skin reaction to Butrans patch, resolved; insomnia associated with chronic pain; tailbone pain secondary to low back pain; and opioid treatment agreement. Subjectively, the injured worker has a round-the-clock severe back pain, chronic pain and leg pain. Objectively, there is tenderness in the midline region and L3-S1. There is moderate to severe tenderness over the tailbone region and sacral region. There is diffuse tenderness to palpitation over the L5 - S1 paraspinal region. The progress note dated November 26, 2014 stated Zorvolex 30 mg provided no relief. The drug was in the "failed section" of the progress note. The injured worker reportedly failed oral anti-inflammatory medications including Motrin, Voltaren and Zorvolex. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Zorvolex with documentation stating the drug provided no relief, Zorvolex 30 mg #90 is not medically necessary.