

Case Number:	CM15-0100024		
Date Assigned:	06/02/2015	Date of Injury:	08/13/2008
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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

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 64-year-old male patient who sustained an industrial injury on 08/13/2008. A primary treating office visit dated 11/18/2014 reported the patient with subjective complaint of new onset left lateral elbow pain. The following diagnoses are applied: chronic cervical myofascial pain disorder and disorder of the rotator cuff. There is a borderline shoulder impingement sign. The patient is permanent and stationary. The patient states using the Flector patch as being helpful. He has a history of intolerance to NSAID's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #60, three (3) times per day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Zorvolex (Diclofenac).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zorvolex (Diclofenac).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that non-steroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. Official Disability Guidelines (ODG) indicate that Zorvolex (Diclofenac) 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. Research has linked Diclofenac to sometimes serious adverse outcomes, including cardiovascular thrombotic events, myocardial infarction, stroke, gastrointestinal ulcers, gastrointestinal bleeding, and renal events such as acute renal failure. Zorvolex is a second-line medication with little to no place in the treatment of workers compensation injuries. The primary treating physician's progress report dated 04/28/15 documented that the patient complained of neck pain and shoulder pain. On examination, there was borderline shoulder impingement sign. The patient was diagnosed with chronic cervical myofascial pain and disorder of rotator cuff. The date of injury was 8/13/2008. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Per ODG, Zorvolex has little to no place in the treatment of workers compensation injuries. MTUS and ODG guidelines do not support the request for Zorvolex (Diclofenac). Therefore, the request for Zorvolex is not medically necessary.