

Case Number:	CM15-0106210		
Date Assigned:	06/10/2015	Date of Injury:	03/30/2001
Decision Date:	07/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/02/2015

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: Preventive Medicine, Occupational 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 47-year-old female, who sustained an industrial injury on March 30, 2001. The injured worker was diagnosed as having lumbar degenerative disc disease (DDD), facet arthropathy, radiculitis and post laminectomy syndrome. Treatment to date has included magnetic resonance imaging (MRI), medication and surgery. A progress note dated May 13, 2015 provides the injured worker complain of back pain rated 7/10 with radiation down left leg, right wrist pain and chest tightness with shortness of breath. Physical exam notes slow steady gait with decreased lumbar range of motion (ROM). There is weakness of the right lower extremity and decreased range of motion (ROM) with crepitus and tenderness of the hips and knees. There is right wrist tenderness. The plan includes Zorvolex and Oxycodone.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Section, NSAIDs, Specific Drug List and Adverse -Effects Section Page(s): 22, 67-71. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain Chapter/Diclofenac Section.

Decision rationale: Zorvolex is a NSAID. The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Per ODG, Diclofenac is associated with a significantly increased risk of cardiovascular complications and should be removed from essential-medicines lists, according to a new review. The increased risk with diclofenac was similar to Vioxx, a drug withdrawn from worldwide markets because of cardiovascular toxicity. Rofecoxib, etoricoxib, and diclofenac were the three agents that were consistently associated with a significantly increased risk when compared with nonuse. With diclofenac even in small doses, it increases the risk of cardiovascular events. They recommended naproxen as the NSAID of choice. Zorvolex is not recommended per the guidelines; therefore, the request for Zorvolex 35 MG #90 is determined to not be medically necessary.