

Case Number:	CM15-0106568		
Date Assigned:	06/10/2015	Date of Injury:	01/04/2011
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 31-year-old male sustained an industrial injury to the right foot on 1/4/11. The injured worker later developed back pain. Previous treatment included physical therapy, heel cups, home exercise and medications. In a progress note dated 5/4/15, the injured worker complained of low back pain rated 5-6/10 on the visual analog scale as well as ongoing right foot and ankle pain. The injured worker also complained of epigastric pain and burning with over the counter Aleve. Physical exam was remarkable for normal posture with an antalgic gait favoring the right side. The physician recommended cortisone injections for foot pain; however, the injured worker deferred. The treatment plan included continuing Visco heel cup and Flector patches for topical pain relief, a trial of Zorvolex for pain management and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 18mg TID #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zorvolex.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, posing an increase risk profile without demonstrated extenuating circumstances and indication. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Zorvolex 18mg TID #90 is not medically necessary and appropriate.