

Case Number:	CM15-0106573		
Date Assigned:	06/10/2015	Date of Injury:	12/01/2008
Decision Date:	07/21/2015	UR Denial Date:	05/05/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male injured worker suffered an industrial injury on 12/01/2008. The diagnoses included degeneration of the lumbosacral intervertebral disc, lumbar post-laminectomy syndrome, low back pain and memory impairment. The diagnostics included electromyographic studies and lumbar computerized tomography. The injured worker had been treated with pain psychology session, 3 level lumbar reconstruction, physical therapy, spine injections, and medications. On 4/24/2015 the treating provider reported low back pain and bilateral lower extremity pain with limited functions and sensation in the left lower extremity. On exam there was impaired gait with tenderness to the lumbar spine along with positive straight leg raise. The left foot range of motion was severely limited. The treatment plan included Zorvolex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg capsule, take 1 capsule 3 times a day by mouth, #90 (prescribed 04/24/2015): 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 (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71. Decision based on Non-MTUS Citation Zorvolex Prescribing Information.

Decision rationale: The claimant sustained a work injury in December 2008 and continues to be treated for low back and bilateral lower extremity pain. When seen, medications were minimally effective. There was an antalgic gait with decreased and painful lumbar spine range of motion. There was decreased left lower extremity sensation and reflexes. Medications being prescribed included Naprosyn and the requested medication, Zorvolex. Zorvolex is a non-steroidal anti-inflammatory medication consisting of diclofenac in a formulation designed to allow lower dosing. It is indicated for management of mild to moderate acute pain and osteoarthritis pain. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, a special formulation of diclofenac is not medically necessary. The claimant has no history of intolerance or adverse effect related to non-steroidal anti-inflammatory medication use. Additionally, the claimant is also taking oral Naprosyn. Prescribing Zorvolex is duplicative and inappropriate. Therefore the request is not medically necessary.