

<b>Case Number:</b>	CM15-0107570		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Texas, New York, 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 applicant is a represented 35-year-old who has filed a claim for chronic hip and leg pain reportedly associated with an industrial injury of December 5, 2012. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for Zorvolex (diclofenac). The claims administrator referenced a May 12, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated May 12, 2015, the applicant reported ongoing complaints of hip and leg pain. Zorvolex was apparently renewed, without any seeming discussion of medication efficacy. The applicant was returned to regular duty work (on paper), although it was not explicitly stated whether the applicant was or was not working. The applicant was visibly limping in the clinic, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zorvolex 35 mg #60 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, Zorvolex (Diclofenac).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

**Decision rationale:** No, the request for Zorvolex (AKA brand-name Diclofenac) was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Zorvolex (Diclofenac) do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic hip and back pain reportedly present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of both “efficacy of medication” and “cost” into his choice of recommendations. Here, however, the attending provider did not state why brand-name Zorvolex was selected in favor of generic Diclofenac and/or in favor of other generic NSAIDs such as Motrin or naproxen. The attending provider's progress note of May 12, 2015, furthermore, was handwritten, thinly developed, difficult to follow, not entirely legible, and did not contain any explicit discussion of medication efficacy. Therefore, the request was not medically necessary.