

<b>Case Number:</b>	CM15-0013535		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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:

The injured worker is a 37-year-old male who reported an injury on 06/20/2012 due to holding a barricade. On 01/05/2015, he presented for a follow-up evaluation regarding his work related injury. He reported pain in his left shoulder, pain in his back, and pain in the right knee. He was noted to be taking Zorvolex 35 mg 1 cap 3 times a day for muscle spasms, ibuprofen 200 mg 1 tab 4 times a day, Flexeril or cyclobenzaprine, and Norco 10/325 mg. A physical examination showed that he had a limping and distorted gait, as well as facial grimacing rated at a 1. There was tenderness to palpation at the levator scapulae muscles, left scalenes, and left anterior pectoral muscles. There was also tenderness to palpation with taut bands found at myofascial trigger points with twitch responses in the left levator scapulae, trapezius, and rhomboid muscles, causing radiating pain into the posterior scapula and neck. He had 5/5 muscle strength in the lower extremities with the exception of knee extension on the right, which was grade 4/5. There was also crepitus in the bilateral knees, graded at a 2. The treatment plan was for Zorvolex 35 mg #90. The rationale for treatment was to treat the injured worker's muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zorvolex 35mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants as a second line treatment option for those with acute low back pain. The documentation provided does not show that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, further clarification is needed regarding how long he has been using this medication, and without this information, the request would not be supported, as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.