

Case Number:	CM15-0016495		
Date Assigned:	02/04/2015	Date of Injury:	11/13/2001
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/28/2015

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: Family Practice

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 is a male injured worker who sustained an industrial injury on November 13, 2001. The exact mechanism of injury is unknown. Diagnoses have included status post-operative carpal tunnel release, status post-operative ulnar nerve decompression and anterior transposition of the right elbow, failed post-operative subacromial decompression and distal clavicle resection of right shoulder, left shoulder impingement, multi-level degenerative disc disease of the cervical spine, severe migraine headaches and ulnar and median neuropathy of the left upper extremity. Treatment to date has included diagnostic studies, surgery and medications. Currently, the injured worker complains that his pain upon waking up in the morning has been worse since his last exam and up to 60% worse in colder weather. Upon physical examination, pain was noted to be in the scalp area, cervical spine and thoracic spine. His sleep is disrupted due to the pain but his medication regimen has been helping. His activities of daily living continue to slowly increase with his current medications but work-related activities are still prohibited due to the severity of the pain. He was noted to take short walks daily and stretches to tolerance. On January 26, 2015, Utilization Review non-certified Zorvolex 35mg #90, noting the CA MTUS Guidelines. On January 28, 2015, the injured worker submitted an application for Independent Medical Review for review of Zorvolex 35mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoroflex 35mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to guidelines NSAIDs are used for Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. According to the medical records there is no improvement with prolonged use of NSAIDs.