

Case Number:	CM15-0130161		
Date Assigned:	07/16/2015	Date of Injury:	08/25/2011
Decision Date:	08/12/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/06/2015

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 injured worker is a 55 year old female who sustained an industrial injury on 8/25/11. Treatments include: medication, topical treatment creams, chiropractic care, and injections. Primary treating physician's orthopedic evaluation report dated 5/12/15 reports of continued complaints of neck, bilateral hand, right foot, left foot, right shoulder and low back pain. Diagnoses include: right shoulder bursitis and impingement, bilateral carpal tunnel, left foot plantar fasciitis, status post healed right tibial stress fracture and right elbow radial head fracture. Primary treating physician's orthopedic evaluation report dated 5/26/15 reports the medication change to Zorvolex and Zanaflex is beneficial. Plan of care: continue Zorvolex and Zanaflex. Work status: SSDI. Follow up in 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: The claimant sustained a work-related injury in August 2011 and continues to be treated for neck and low back pain, bilateral hand and foot pain, and right shoulder pain. When seen, her BMI was over 30. Her past medical history included fibromyalgia, cervicalgia, and a cervical disc herniation. When seen, there was cervical and bilateral trapezius muscle tenderness. There was decreased cervical spine range of motion. She had decreased right upper extremity sensation and positive Spurling's and Hoffman testing. There was upper and lower extremity hyperreflexia. There was right ankle pain with range of motion and anterior ankle tenderness. Strength testing was limited due to pain. 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 (non-steroidal 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.

Zanaflex 2mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant sustained a work-related injury in August 2011 and continues to be treated for neck and low back pain, bilateral hand and foot pain, and right shoulder pain. When seen, her BMI was over 30. Her past medical history included fibromyalgia, cervicalgia, and a cervical disc herniation. When seen, there was cervical and bilateral trapezius muscle tenderness. There was decreased cervical spine range of motion. She had decreased right upper extremity sensation and positive Spurling's and Hoffman testing. There was upper and lower extremity hyperreflexia. There was right ankle pain with range of motion and anterior ankle tenderness. Strength testing was limited due to pain. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and continued prescribing appears to be intended on a long-term basis. The claimant does not have a spasticity due to a diagnosed with upper motor neuron condition. It is not medically necessary.