

Case Number:	CM15-0132117		
Date Assigned:	07/20/2015	Date of Injury:	08/05/2013
Decision Date:	09/09/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York

Certification(s)/Specialty: Internal 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 injured worker is a 38 year old male, who sustained an industrial injury on August 5, 2013. He reported falling off a ladder and injuring his back. The injured worker was diagnosed as having backache and shoulder pain. Treatments and evaluations to date have included x-rays, MRIs, physical therapy, and medication. Currently, the injured worker complains of lower backache with radiation to the left lower extremity, mid back pain, and right shoulder pain. The Primary Treating Physician's report dated June 17, 2015, noted the injured worker rated his pain with medications as 6 on a scale of 1 to 10 and without medications as an 8 on a scale of 1 to 10. The injured worker's activity level was noted to remain the same. The injured worker's current medications were listed as Norco and Colace. Physical examination was noted to show the injured worker with a slow gait, appearing in mild pain with hypertonicity and spasm noted in the thoracic paravertebral muscles. The lumbar spine was noted to have restricted range of motion (ROM), limited by pain, with tenderness and tight muscle bands noted bilaterally on palpation of the lumbar paravertebral muscles. Lumbar facet loading was noted to be positive bilaterally with positive straight leg raise on the left. The right shoulder movements were restricted and limited by pain with Hawkins, Neer, Speeds, and O'Brien tests positive, and tenderness to palpation noted in the glenohumeral and subdeltoid bursa. The sensory examination was noted to show light touch sensation decreased over the lateral foot and lateral calf on the left side. The treatment plan was noted to include prescriptions to continue Colace and Norco, and a prescription for Zorvolex twice a day for inflammation as the injured worker felt this also helped to reduce his pain. The injured worker was noted to have failed previous use

of Celebrex and Ibuprofen was ineffective and caused heartburn. The injured worker was noted to not be working as his modifications could not be accommodated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 18 MG #60 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Diclofenac, Zorvolex (diclofenac).

Decision rationale: The MTUS is silent on the use of Zorvolex. The Official Disability Guidelines (ODG) notes Zorvolex (Diclofenac) is not recommended except as a second-line option, as Diclofenac products are not recommended as first-line choices due to potential increased adverse effects. Diclofenac is a widely used non-steroid anti-inflammatory drug (NSAID) that has potent anti-inflammatory and analgesic properties, however, research has linked this drug to sometimes serious adverse outcomes, including cardiovascular thrombotic events, myocardial infarction, stroke, gastrointestinal ulcers, gastrointestinal bleeding, and renal events (such as acute renal failure). This formulation of Diclofenac does not present any apparent advantages versus other medications of the class. The MTUS Chronic Pain Medical Treatment Guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short-term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker was noted to have been prescribed Diclofenac medication since March 2014. On May 20, 2015, the physician noted the Diclofenac was denied, and initiated a trial of Zorvolex on day one and Zipsor on a separate day, with samples for each given. On June 17, 2015, Zorvolex was prescribed for inflammation as the injured worker felt this also helped to reduce pain. The injured worker has been treated with NSAID medications for an extended period of time, with no documentation of objective, measurable improvement noted in the level of pain or function, including the ability to perform specific activities of daily living (ADLs), or the injured worker's ability to return to work with use of the NSAID medications. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Zorvolex 18 MG #60 with one refill.