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| Case Number: | CM15-0148239 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 10/07/1995 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/30/2015 |

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: 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 injured worker (IW) is a 56-year-old female who sustained an industrial injury on 10-07-1995. Diagnoses include lumbar spinal stenosis and post laminectomy syndrome. Treatment to date has included medications, home exercise, spinal cord stimulator, TENS unit and acupuncture. Acupuncture improved pain and function in the past. According to the PR2 dated 6-23-2015, the IW reported lower back pain radiating down both legs, described as constant, tingling, burning and numb. She rated her pain 6 out of 10. Her pain without medications was rated 10 out of 10 and with medications was 5 out of 10. Bending over and standing made the pain worse; changing positions and medication use improved the pain. Norco relieved her pain by 40% to 50% without side effects. On examination, there were moderate, palpable spasms in the bilateral lumbar paraspinal muscles with positive twitch response, decreased lumbar extension due to pain and positive straight leg raise on the right at 30 to 45 degrees. Motor strength was 5 out of 5 in the bilateral lower extremities. A request was made for one prescription of Zorvolex 18mg, #90 to improve pain and inflammation and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Zorvolex 18mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Zorvolex is expensive and considered a second-line treatment option. In this case, there is no evidence that the injured worker has had a trial with a first-line agent, therefore, the request for 1 prescription of Zorvolex 18mg #90 is determined to not be medically necessary.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, the injured worker is prescribed Norco and there is evidence that she is at a moderate risk for aberrant behavior. The last urine drug screen was conducted on 4/28/15. The request for urine drug screen is determined to not be medically necessary.