

<b>Case Number:</b>	CM15-0184056		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Texas, New York, 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 applicant is a represented 44-year-old who has filed a claim for chronic ankle and knee pain reportedly associated with an industrial injury of October 9, 2012. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for Zorvolex (diclofenac). An August 18, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On August 18, 2015, the applicant reported ongoing complaints of ankle and foot pain. Highly variable 4-to-8/10 pain complaints were reported. The applicant was using a variety of medications to include Tylenol, Zorvolex, Tylenol with Codeine. A functional capacity evaluation was suggested. It was not clearly stated whether the applicant was or not working on this date, although this did not appear to be the case. Work restrictions were endorsed, however. A functional capacity test was sought. On a medical-legal evaluation of April 20, 2015, it was acknowledged that the applicant was not, in fact, working.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic): Zorvolex (diclofenac) (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

**Decision rationale:** No, the request for Zorvolex (diclofenac), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Zorvolex (diclofenac) do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, the applicant was not working, it was reported on April 20, 2015. Ongoing usage of Zorvolex (diclofenac) failed to curtail the claimant's dependence on opioid agents, the Tylenol No. 3, the treating provider acknowledged on August 18, 2015. While the attending provider did recount some reduction in pain scores effected as a result of ongoing medication consumption, these reports were outweighed by the applicants failure to return to work and the treating providers failure to recount, meaningful, material, and/or substantive improvements in function effected as a result of ongoing Zorvolex (diclofenac) usage. The treating provider, furthermore, renewed permanent work restrictions imposed by a medical-legal evaluator on August 18, 2015, unchanged from prior visits. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Zorvolex (diclofenac). Therefore, the request was not medically necessary.