

Case Number:	CM15-0193443		
Date Assigned:	10/07/2015	Date of Injury:	12/09/2012
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, 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 injured worker is a 35 year old female, who sustained an industrial injury on 12-09-2012. The injured worker was diagnosed as having left hip femoroacetabular impingement syndrome, 2 labral tear, left hip arthroscopy, and chronic stable impingement left shoulder. On medical records dated 08-25-2015, the subjective complaints were noted as left hip always in moderate pain and left shoulder pain. Episode of not being able to bear weight was noted. Objective findings were noted as satisfactory range of motion was noted of left hip and tenderness was noted. Hand written medical records were hard to decipher. Treatments to date included self-exercise and medication. Current medications were listed as Zorvoflex. The injured worker was noted to be on Zorvoflex since at least 02-2015. The Utilization Review (UR) was dated 12-09-2012. A Request for Authorization was dated 08-25-2015. The UR submitted for this medical review indicated that the request for Zorvoflex 35mg #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvoflex 35mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. Pain scores reduction trends with use of medication were not noted. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Zorovolex is not medically necessary.