

Case Number:	CM15-0196689		
Date Assigned:	10/12/2015	Date of Injury:	05/18/2011
Decision Date:	11/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 is a 55 year old male who sustained an industrial injury on 05-18-2011. A review of the medical records indicated that the injured worker is undergoing treatment for left carpal tunnel syndrome, left long finger tenosynovitis with active triggering and tendon cyst, scapholunate tear left wrist and lower back sprain with chronic pain. The injured worker is status post cervical fusion. According to the treating physician's progress report on 09-09-2015, the injured worker continues to experience increased pain and dysfunction in the left wrist radiating to the palm, long and ring fingers and low back pain radiating to the left leg and calf rated at 4 out of 10 on the pain scale associated with left buttock numbness. The examination of the lumbar spine demonstrated tenderness with paraspinal muscle spasm with pain to the dorsal toes. Flexion was documented at 40 degrees and lateral extension was painful. Motor strength was intact. On 09-24-2015 the lower back remained unchanged. Current medications were noted as Ibuprofen, Naprosyn and Tylenol ES. Prior treatments have included diagnostic testing and medications. Treatment plan consists of continuing full duties without restrictions and the current request for Zorvolex 35mg #90 (one 3 times a day with food) for low back pain. On 10-02-2015, the Utilization Review determined the request for Zorvolex 35mg #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #90 (one 3 times a day with food) for low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Zorvolex and Other Medical Treatment Guidelines www.zorvolex.com.

Decision rationale: MTUS Guidelines are not supportive of the long term daily use of NSAIDs for chronic low back pain. There is no evidence of long term efficacy under these circumstances. ODG Guidelines provide updated information specific to Zorvolex (Diclofenac) and are not supportive of its use vs. usual and customary NSAID medications and there is no proven benefits vs. other formulations. In addition, its reported indication is for this individuals chronic low back pain which is not consistent with the manufacturers recommendations. It's recommended use is for acute pain and/or longer term pain due to osteoarthritis which has not been demonstrated to be a major issue generating this individuals low back pain. There are no unusual circumstances to justify an exception to these recommendations. The Zorvolex is not medically necessary.