

<b>Case Number:</b>	CM15-0201031		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	01/05/2004
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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:

The injured worker is a 46 year old female, who sustained an industrial injury on 1-5-2004. The injured worker is undergoing treatment for: status post cervical discectomy and fusion, complex regional pain syndrome of right upper extremity, c6-7 adjacent segment degeneration with moderate stenosis, low back pain, and cervical radiculopathy. On 6-8-15, she reported low back pain with radiation into the buttocks, hips and thighs to the knees. She rated her pain 8 out of 10. On 9-22-15, she reported low back pain that was improved with radiofrequency ablation. She also reported neck pain that was unchanged from her last visit and right thigh to the calf numbness and tingling, and numbness in the left thigh to the knee. She indicated Zorvolex has been beneficial. Physical examination revealed normal gait, tenderness in the low back. The treatment and diagnostic testing to date has included: urine drug screen (9-22-15), chest x-ray (8-6-15), EKG (8-6-15), upper GI with KUB imaging (8-6-15), blood work (8-6-15), cervical surgery (date unclear), and medications, lumbar radiofrequency ablation (8-31-15). Medications have included: Flector patches, and Zorvolex. The records indicate she has been utilizing Zorvolex since at least April 2015, possibly longer. The request for authorization is for: Zorvolex 35mg three times per day, quantity 90 with 2 refills. The UR dated 10-5-15: non-certified the request for Zorvolex 35mg three times per day, quantity 90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zorvolex 35mg 3 times per day #90 with 2 refills:** 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 including periods of combining 2 NSAIDS (Ibuprofen and Zorvolex). There was no indication of Tylenol (without codeine) failure. Long-term NSAID use has renal and GI risks. Continued use of Zorvolex is not medically necessary.