

Case Number:	CM15-0204129		
Date Assigned:	10/20/2015	Date of Injury:	02/22/2004
Decision Date:	12/08/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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: Emergency 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 67 year old female with an industrial injury dated 02-22-2004. A review of the medical records indicates that the injured worker is undergoing treatment for arthralgia of left wrist, ulnar impaction syndrome, frozen shoulder syndrome, myofascial pain dysfunction syndrome, and insomnia secondary to chronic pain. In a progress report dated 05-08-2015, the injured worker reported persistent pain and physical impairment diffusely affecting her left upper extremity including shoulder, forearm, wrist and hand. Physical exam (05-08-2015) revealed left side guarding, diminished left shoulder motion, positive left shoulder impingement sign, and diminished rotator cuff strength affecting supraspinatus more than infraspinatus. Left shoulder revealed mild irritability of ulnar nerve to palpitation and diminished left elbow range of motion. There was diffuse tenderness across left wrist joint and tenderness at distal ulnar styloid region. There was diminished grip strength and the injured worker complained of pain while making a fist. According to the progress note dated 09-04-2015, the injured worker reported ongoing pain and weakness in left upper extremity. Objective findings (09-04-2015) revealed "PE" unchanged and left grip markedly decreased. Objective and subjective complaints (09-04-2015) were difficult to decipher. Treatment has included X-rays, Magnetic Resonance Imaging (MRI)'s, prescribed medications (including Zorvolex since at least May of 2015) and periodic follow up visits. The utilization review dated 09-18-2015, non-certified the request for Zorvolex 35mg 1 TID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg 1 TID #60: Upheld

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

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

Decision rationale: The request is for Zorvolex, or diclofenac, which is a non-steroidal anti-inflammatory drug (NSAID) used for the treatment of acute pain. Non-steroidal anti-inflammatory drugs are recommended as an option for short-term symptomatic relief of acute exacerbation of chronic low back pain. However, non-steroidal anti-inflammatory drugs appear to be no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. Non-steroidal anti-inflammatory drugs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In general, non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Studies have shown that when non-steroidal anti-inflammatory drugs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The injured worker has exceeded the duration of treatment with Zorvolex that is recommended by the MTUS guidelines. The medical benefit is lacking, and ongoing use may actually incur risk. Therefore, the request as submitted is not medically necessary.