

Case Number:	CM15-0213642		
Date Assigned:	11/03/2015	Date of Injury:	04/30/2012
Decision Date:	12/18/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/30/2015

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 66-year-old who has filed a claim for shoulder pain reportedly associated with an industrial injury of April 30, 2012. In a Utilization Review report dated October 23, 2015, the claims administrator failed to approve requests for Zorvolex and topical capsaicin. The claims administrator referenced an October 24, 2015 RFA form and an associated progress note dated September 9, 2015 in its determination. The applicant's attorney subsequently appealed. On September 9, 2015, the applicant reported ongoing complaints of shoulder pain. The claimant's medications included Celebrex, Norco, naproxen, Prilosec, and Zorvolex, the treating provider reported. Several of the same were renewed and/or continued. The applicant was given rather proscriptive 10-pound lifting limitation, which, the treating provider stated, the claimant's employer would be unable to accommodate. 6/10 pain medications versus 2/10 pain with medications was reported. The treating provider contended that the applicant's medications were facilitating performance of activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 18mg #90: 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.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and 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 of 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, however, ongoing usage of Zorvolex (diclofenac) failed to curtail the applicant's dependence on opioid agents such as Norco, the treating provider acknowledged on September 9, 2015. A rather proscriptive 10-pound lifting limitation was renewed on this date. It did not appear that the applicant was working with said limitation in place. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider's September 9, 2015 office visit failed to furnish a clear or compelling rationale for concurrent usage of 2 separate anti-inflammatory medications, Zorvolex (diclofenac) and Celebrex. Therefore, the request was not medically necessary.

Capsaicin cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

Decision rationale: Similarly, the request for topical capsaicin cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as a last-line option, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concurrent usage of numerous first-line oral pharmaceuticals to include naproxen, Norco, Celebrex, etc., effectively obviated the need for the capsaicin cream at issue. Therefore, the request was not medically necessary.

