

Case Number:	CM15-0038378		
Date Assigned:	03/09/2015	Date of Injury:	02/27/2014
Decision Date:	04/17/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female, who sustained an industrial injury on 2/27/2014. She reports a bench collapsing and pinning both of her legs underneath causing low back pain, right wrist pain and right lower extremity pain. Diagnoses include lumbar spine herniated disc, lumbar radiculopathy, bilateral calf tendinitis with sprain/strain and right ankle sprain/strain. Treatments to date include aquatic therapy, lumbar epidural steroid injection, physical therapy and medication management. A progress note from the treating provider dated 1/21/2015 indicates the injured worker reported constant low back pain that radiates to the bilateral lower extremities.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain chapter: Zorvolex (diclofenac).

Decision rationale: The patient has constant low back pain that radiates to the lower extremities. The current request is for Zorvolex 18mg #90. According to the ODG, Zorvolex is not recommended except as a second-line option, because diclofenac products are not recommended as first-line choices due to potential increased adverse effects. While diclofenac has potent anti-inflammatory and analgesic properties, research has linked this drug to sometimes serious adverse outcomes, including cardiovascular thrombotic events, myocardial infarction, stroke, gastrointestinal ulcers, gastrointestinal bleeding, and renal events (such as acute renal failure). This new formulation of diclofenac does not present any apparent advantages versus other medications of the class. Zorvolex is pure acid versus salt in other formulations, resulting in faster dissolution using SoluMatrix Fine Particle Technology. There is no evidence that first line therapies have been exhausted. As such, medical necessity has not been established by the guidelines and recommendation is for denial.