

Case Number:	CM15-0049742		
Date Assigned:	03/23/2015	Date of Injury:	02/13/2012
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/16/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 34-year-old male, who sustained an industrial injury on 2/13/12. The injured worker has complaints of left hip pain and low back pain. He is unable to fully weight bear on his left lower extremity. The diagnoses have included degenerative disc disease and chronic use of medications. Treatment to date has included left hip arthroscopy; Magnetic Resonance Imaging (MRI) of the lumbar spine on 7/3/14 with impression of no significant disc protrusions or significant central canal neural foraminal stenosis, minimal facet hypertrophic degenerative changes at L3-4 and L4-5; Magnetic Resonance Imaging (MRI) of the left hip done 7/3/14 and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZORVOLEX 35MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67 - 69.

Decision rationale: The patient is a 34-year-old male with an injury on 02/13/2012. He had a left hip arthroscopy and on MRI of his lumbar spine, there was no significant disc protrusion, central canal stenosis or foraminal stenosis. The requested medication is a brand name Diclofenac, a NSAIDS. Long-term treatment with NSAIDS is not a MTUS recommended treatment as this class of medication is associated with risks of GI bleeding, cardiovascular disease, renal disease and liver disease. In addition, NSAIDS decrease soft tissue healing. Zorvolex is not medically necessary for this patient.