

Case Number:	CM15-0060848		
Date Assigned:	04/07/2015	Date of Injury:	06/15/2010
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/31/2015

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 (IW) is a 39-year-old male who sustained an industrial injury on 06/15/2010. Diagnoses include neck pain, discogenic disease of the cervical spine, discogenic disease of the thoracic spine, left shoulder pain and impingement of the left shoulder. Treatment to date has included medications and physical therapy. Diagnostics performed to date included x-rays, MRIs and electrodiagnostic testing. According to the progress notes dated 2/19/15, the IW reported back pain and stiffness; numbness and pain in the bilateral legs; and pain in the neck, hip and shoulder. The physical exam showed positive left shoulder impingement sign with weakened left hand grip, thoracic paraspinal muscle spasms and painful palpation of the C2 to C6 facets. A request was made for Zorvolex due to its efficacy for the IW.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #30: Upheld

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

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

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 intermittently over 3 years. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had 7-8/10 pain despite the use of opioids and Zorovolex. Continued use of Zorovolex is not medically necessary.