

Case Number:	CM15-0080857		
Date Assigned:	05/01/2015	Date of Injury:	10/17/2014
Decision Date:	06/02/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 33 year old male who sustained a work related injury October 17, 2014. Past history included GERD (gastroesophageal reflux disease). According to a treating physician's progress report, dated April 7, 2015, the injured worker presented with complaints of pain in the left ankle and leg and low back. He describes the pain as chronic and the left foot pain is greater than the low back. He currently uses ibuprofen and Nexium for pain management and has completed 2/12 physical therapy sessions. Other medication included Cyclobenzaprine, Lidoderm Patch, and Zorvolex and he drinks 10-12 beers over the weekend. Physical examination reveals an antalgic gait favoring the left, forward flexed body posture and wears a left ankle brace. There is mild swelling and pain with palpation along the Achilles tendon posterior tibial tendon, and lateral aspect of the left foot. The chronic low back pain is localized to the mid lumbar spine and right hip. The pain started when using crutches and has not resolved. Diagnoses are documented as ankle pain and lumbago. Treatment plan included discontinuing ibuprofen and request for authorization for Zorvolex and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy to date. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is already approval for 12 sessions, and it is not clear if this course of PT has been completed, and what functional benefit the worker gained from PT. Therefore additional physical therapy is not medically necessary.

Zorvolex 18mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Zorvolex is a newer formulation of diclofenac. The guidelines of the CA MTUS do not support one NSAID over another, and it is important to note that these guidelines have first priority in the IMR process. Regarding the request for diclofenac, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is documentation that Zorvolex helps with pain. Since it is a first line option for musculoskeletal pain, the current request is medically necessary.