

<b>Case Number:</b>	CM15-0082766		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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 64-year-old male, who sustained an industrial injury on 06/01/2011. On provider visit dated, the injured worker has reported pain in the right and left shoulder pain, bilateral knee pain and low back pain. On examination of the left shoulder revealed well-healed porta incision. Active range of motion and all planes of range of motion were noted to cause pain. The diagnoses have included left shoulder arthroscopic rotator cuff repair and left shoulder pain. Treatment to date has included medication, which included samples of Zorvolex (which was noted to reduce was pain and shoulder exercise. The provider requested Zorvolex 35mg 1 tablet every 12 hours, #60 with 4 refills for pain and inflammation. The IW had previously reported pain relief with the utilization of Aleve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zorvolex 35mg 1 tablet every 12 hours, #60 with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The records did not show that the patient could not tolerate standard formulations of NSAID. The Zorvolex contains diclofenac as the active ingredient. There is documentation of significant pain relief with utilization of OTC Aleve. The criteria for the use of Zorvolex 35mg 12 hrs #60 with 4 refills were not met. Therefore, the request is not medically necessary.