

Case Number:	CM15-0084014		
Date Assigned:	05/06/2015	Date of Injury:	07/24/2010
Decision Date:	06/16/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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: Pennsylvania, Ohio, California
 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:

This 51 year old female sustained an industrial injury to bilateral knees, low back and left hip on 8/14/10. The injured worker was currently being treated for ongoing depression and anxiety. The injured worker was diagnosed with left hip fracture. Previous treatment included left hip replacement, bilateral knee arthroscopy, psychiatric care, physical therapy, functional restoration program, home exercise and medications. In a progress note dated 3/16/15, complained of ongoing bilateral knee and left hip. The injured worker rated her pain 10/10 and stated that her pain was always 10/10. The injured worker had been trialing medications for depression and anxiety while trying to wean off Xanax. Current diagnoses included chronic pain syndrome, lumbar disc displacement without myelopathy, hip pain and knee pain. The physician noted that the injured worker continued with depression that was improving but continued to be a roadblock in her progression. The physician noted that Suboxone was used for pain reduction as the injured worker was transitioned of her high dose opioids. The treatment plan included continuing medications (Medrol pack, Naproxen Sodium, Nortriptyline, Suboxone, Xanax and Zorvolex) and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg 1 bid x 30 days: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as a first-line option for chronic musculoskeletal pain with caution to balance risks vs side effects. In this case, Zorvolex has been requested due to its potentially lower risk of GI complications in a hope to avoid GI side effects of other NSAID medications. An initial physician review concluded that Zorvolex is not indicated due to this patient's past history of intolerance of a different NSAID. However, the guidelines very clearly indicate that such a risk vs. benefit decision is a judgment to be made by the treating physician and patient; it is beyond the scope of physician review to take on that role of risk assessment as long as the treating physician has acknowledged the balance between medication benefit and adverse reaction. Therefore this request is medically necessary.