

Case Number:	CM15-0084707		
Date Assigned:	05/07/2015	Date of Injury:	06/21/2013
Decision Date:	06/09/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/04/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52-year-old female sustained an industrial injury on 6/21/13. She subsequently reported low back pain. Diagnoses include musculoligamentous sprain of the lumbar spine, lumbar spine disc herniation, L4-S1 disc protrusion with annular tear and myofascial pain. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the hips and lower extremities, neck pain and pain in the arm/shoulder. Upon examination, no acute distress was noted, the injured worker is alert and oriented with no signs of sedation or withdrawal. The injured worker reports she cannot take a deep breath due to severe back pain. A request for Zorvolex medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 18 mg #60: Overturned

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.

Decision rationale: In considering the use of NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given that the provided documents clearly state that Diclofenac trial has resulted in less GI side effects in comparison to Celebrex, it is reasonable to continue diclofenac for a period of time during which functional improvement should be aggressively monitored. Therefore, the treatment is considered medically necessary, but objective evidence of functional improvement should be required for continued use, and chronic use remains a concern due to side potential side effects.