

Case Number:	CM14-0126147		
Date Assigned:	08/13/2014	Date of Injury:	11/22/2013
Decision Date:	12/19/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64-year old male who sustained a work related injury on November 22, 2013. While driving a tractor, he hit a bump causing blunt trauma to his left lower back with pain radiating to the left buttock and left thigh. Initial X-rays were negative for fracture and subluxation. Conservative treatment, along with Anaprox and Aleve were utilized. A magnetic resonance imaging on December 19, 2013 was unremarkable. The patient was diagnosed with lumbar disc disease and lumbar radiculitis. The injured worker saw a chiropractor for 10-12 visits with minimal relief. According to the physicians report on June 23, 2014, the injured worker continued to complain of low back and left radicular pain with numbness of the left lower extremity. Reduced strength on left foot dorsiflexion and plantar flexion was noted by the provider. The injured worker remains off duty since the injury. The treating physician has requested Zorvolex 35mg #90, 3 refills. On July 30, 2014, the Utilization Review non-certified the prescription for Zorvolex 35mg #90 with 3 refills as not recommended as a first line choice medication due to potential adverse effects. The decision process was based on the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, non-steroidal anti-inflammatory drugs (NSAID's).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67,68.

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

Decision rationale: Zorvolax 35 mg, #90 with 3 refills is not medically necessary. Zorvolax is a nonsteroidal anti-inflammatory medication. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on oral anti-inflammatories. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is therefore not medically necessary.