

Case Number:	CM14-0144572		
Date Assigned:	09/12/2014	Date of Injury:	08/13/2013
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This is a 41-year-old female with an 8/13/13 date of injury. The mechanism of injury occurred when she was pulling a heavy box and heard a pop in her lower back and pain that extended to her legs, buttocks, and thighs. According to a orthopedic evaluation report dated 6/5/14, the patient complained of neck pain with extension to both arms and numbness in both hands. Her more acute problem was at the level of the low back where she complained of pain at L4/L5 and L5/S1 discs and pain she claims extending to both legs, particularly to the left. Objective findings: tenderness to palpation of cervical spine, disc tenderness at L4-L5 and L5-S1. Diagnostic impression: displaced cervical disc without myopathy, herniated nucleus pulposus, displaced lumbar disc without myelopathy, rule out inguinal hernia, myofascitis, painful walking, painful ambulation. Treatment to date: medication management, activity modification, physical therapy, chiropractic care. A UR decision dated 8/12/14 denied the requests for Zorvolex and Ultram. Regarding Zorvolex, the prescribing information carries black box warnings for risk of serious cardiovascular and gastrointestinal events. There is no documentation of why this patient cannot use another NSAID available in generic. Regarding Ultram, it is not known how long this patient has been using this medication and there is no mention of failure of non-opiate first-line oral analgesics. There is no mention of the severity of the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZORVOLEX 18MG #60 (ONE REFILL): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Zorvolex)

Decision rationale: The CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, ODG states that Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did Rofecoxib (Vioxx), which was taken off the market. According to the FDA, Zorvolex is a brand-name formulation of the NSAID, Diclofenac. There is no documentation that the patient has had a trial and failure of a first-line NSAID. A specific rationale was not provided as to why this patient requires this specific brand-name medication that is not supported by guidelines. Therefore, the request for Zorvolex 18mg #60 (One Refill) was not medically necessary.

ULTRAM 50MG #30 (ONE REFILL): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Ultram 50mg #30 (One Refill) was not medically necessary.