

Case Number:	CM14-0152199		
Date Assigned:	09/22/2014	Date of Injury:	09/08/1998
Decision Date:	06/04/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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. 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: California, Hawaii
 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:

The injured worker is a 57-year-old male, who sustained an industrial injury on 9/8/98. Initial complaints are not noted. The injured worker was diagnosed as having lumbar disc degeneration; low back pain; lumbar radiculitis. Treatment to date has included urine drug screening; medications. Currently, the PR-2 notes dated 8/28/14 indicated the injured worker was in the office as a routine follow-up. He reports no changes at this time since injury in 1998, medications were reviewed and updated. The injured worker is down from 10 to now 5 cigarettes a day and willing to cut down on opiates with goal to get off entirely and substitute alternative therapy. His pain develops about 8/10 hours after last MS. He reports back pain lower region, left side that is sharp and radiates to leg. The severity is 3-4/10 and mild, affecting ability to sleep. The time duration for this pain has been one year. The notes document a history of back surgery (1998), history of scoliosis and paresthesia in the left leg. His medication list notes prescribed Probiotic, MS Contin 100mg 1 tab every 8 hours, Valsartan 160mg/ hydrochlorothiazide 12.5mg 1 tab daily and amlodipine 10mg 1 tab daily. The provider has requested mediation: Zorvolex 35mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 edition McGraw Hill, 2010.

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

Decision rationale: The patient presents with chronic low back pain and left lower extremity pain. The current request is for Zorvolex 35mg #60 with three refills. The MTUS states that anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. In this case, the attending physician in his 8/28/14 report indicates the patient is attempting to cut down on opiates with the goal of getting off of them completely and substitute alternative therapy. The current request is supported by the literature and the available documentation does support medical necessity. As such, recommendation is for authorization.