

Case Number:	CM14-0196634		
Date Assigned:	12/04/2014	Date of Injury:	06/25/2012
Decision Date:	01/22/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 32 year old female with an injury date on 6/25/12. The patient complains of slightly increased left wrist pain (due to 1 sessions of physical therapy) but with some increase in strength of left wrist, and flare-up of her right wrist pain over the past month as she continues to use until left wrist strength has returned per 11/6/14 report. The patient had significant right wrist pain relief for 2-3 months after July 2014 Ortho injections, and would like to continue those injections until right wrist carpal surgery per 11/6/14 report. Her pain today is rated 8/10 for right wrist, and 1-2/10 for left wrist per 11/6/14 report. The patient states that she has weakness in left hand, but the sharp shooting pain in left hand has since resolved per 9/18/14 report. Based on the 11/6/14 progress report provided by the treating physician, the diagnoses are: 1. Hand joint pain 2. Carpal tunnel syndrome A physical exam on 11/6/14 showed "diminished sensation in right first 3 fingers, better grip strength in left hand." No range of motion testing of the wrist/hand was included in the report. The patient's treatment history includes medications (Tramadol, Ibuprofen, and failed Norco due to itching), ortho injections, and left hand CTS surgery on 7/18/14, H-wave (discontinued due to pain increase). The treating physician is requesting Zorovolex 35mg 1 cap tid #90. The utilization review determination being challenged is dated 11/17/14. The requesting physician provided treatment reports from 8/9/14 to 11/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvoflex 35mg 1 CAP tid #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zorvolex

Decision rationale: This patient presents with bilateral wrist pain. The physician has asked for Zorvolex (Diclofenac) 35mg 1 cap tid #90 but the requesting progress report is not included in the provided documentation. The patient is currently taking Ibuprofen. Regarding NSAIDs, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. The ODG guidelines Pain chapter, under Zorvolex, states, "It is an expensive, brand name only, second-line medication with little to no place in workers compensation injuries." "Research has linked this drug to sometimes serious adverse outcomes, including cardiovascular thrombotic events, myocardial infarction, stroke, gastrointestinal ulcers, gastrointestinal bleeding, and renal events (such as acute renal failure)." "In this case, the patient presents with chronic pain of the bilateral wrists, and it appears the physician is switching NSAIDs, from Ibuprofen to Zorvolex. The physician does not explain why the patient's NSAID is being switched and why Zorvolex among others. ODG does not support use of this particular NSAID due to its potential serious side effects. The request is not medically necessary.