

Case Number:	CM14-0210528		
Date Assigned:	01/13/2015	Date of Injury:	10/16/2012
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/15/2014

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

Certification(s)/Specialty: Internal 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:

The patient is an injured worker with the diagnoses of bilateral lateral epicondylitis and bilateral carpal tunnel syndrome. Date of injury was October 16, 2012. The primary treating physician's progress report dated November 20, 2014 documented that the patient returns to the clinic in follow up for bilateral lateral epicondylitis and bilateral carpal tunnel syndrome. The patient states that his condition remains the same. He received a second injection. He states that he has decreasing pain in his right elbow. He states that therapy and magnetic resonance imaging (MRI) of the left wrist had been arranged prior to his case being transferred, and he has not received that. Physical examination was documented. Well-developed, well-nourished, adult male in no apparent distress, moving freely off and on the examination table was noted. Bilateral wrists and elbows was examined. The patient has braces on both wrists and his right elbow. On the right elbow, he has a healed surgical scar with mild tenderness to palpation over the lateral epicondyle. There is positive resisted wrist extension bilaterally. Diagnoses were bilateral lateral epicondylitis and bilateral carpal tunnel syndrome. Treatment plan was documented. Occupational therapy for the left wrist was requested. Flector patch, Omeprazole, and Zorvolex requested. Utilization review determination date was December 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zorvolex (Diclofenac)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Official Disability Guidelines (ODG) indicate that Zorvolex (Diclofenac) is not recommended except as a second-line option, because Diclofenac products are not recommended as first-line choices due to potential increased adverse effects. Research has linked Diclofenac to sometimes serious adverse outcomes, including cardiovascular thrombotic events, myocardial infarction, stroke, gastrointestinal ulcers, gastrointestinal bleeding, and renal events such as acute renal failure. Zorvolex is a second-line medication with little to no place in the treatment of workers compensation injuries. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present recent laboratory test results, which are recommended for NSAID use per MTUS. No recent blood pressure measurements were present in the medical records. MTUS guidelines recommend monitoring of blood pressure. Long-term NSAID use is not recommended by MTUS. Per ODG, Zorvolex has little to no place in the treatment of workers compensation injuries. The use of Zorvolex (Diclofenac) is not supported by MTUS or ODG guidelines. Therefore, the request for Zorvolex 35 MG #60 is not medically necessary.