MAXIMUS Federal Services

Case Number:	CM15-0009811		
Date Assigned:	01/27/2015	Date of Injury:	11/29/2012
Decision Date:	03/16/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/16/2015

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: Emergency 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 injured worker is a 43 year old male, who sustained an industrial injury on 11/29/12 after a fall. He has reported left elbow pain. The diagnoses have included mononeuritis, late effect of burn and late effect of strain/sprain without mention of tendon injury. Treatment to date has included diagnostics, medications and wrist splinting. Currently, the IW complains of chronic left and right elbow pain with numbness and aching in the hands and not as much tingling as previously. The pain radiates into both hands and fingertips. He had not yet been provided with the voltaren gel or lidoderm patches that were recommended. The Magnetic Resonance Imaging (MRI) of the left elbow dated 3/7/14 revealed subchondrial cyst at posterior capitellum suspicious for early osteoarthritis, osteochondritis, versus pseudoeffect of the capitellum. Physical exam revealed bilateral medial and lateral epicondylar tenderness. The Tinel's test was negative at both elbows for ulnar nerve entrapment. Work status was limited duty with no repetitive or forceful use of either arm and no lifting more than 50 pounds with either arm. On 1/12/15 Utilization Review non-certified a request for Zorvolex 18mg # 90 with 3 refills, noting the guidelines do not recommend Zorvolex as a first line treatment. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 18mg # 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(non-steroidal anti-inflammatory drug) Page(s): 67.

Decision rationale: Zorvolex is Diclofenac, an NSAID(Non-steroidal anti inflammatory). Patient is also already on other NSAIDs. Data from MTUS recommends NSAIDs for chronic pains with caution and as short period as possible due to side effects. Pt has been on NSAIDs chronically with no documentation of any improvement. As per MTUS guidelines, NSAIDs may have poor to mixed efficacy in neuropathic pain. Patient has been on NSAIDs chronically with no documentation of efficacy. The prescription has multiple refills showing no plan for short term use. Zorvolex is not medically necessary.