

Case Number:	CM15-0011693		
Date Assigned:	01/29/2015	Date of Injury:	04/16/2012
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 4/16/2012. The diagnoses have included left knee pain status-post left partial medial and lateral menisectomies; chondromalacia left knee, right knee pain, and possibly degenerative joint disease, right knee. Treatment to date has included left knee arthroscopy on 12/03/2013. Currently, the IW complains of bilateral knee pain. She reported difficulty standing and walking. Objective findings included swelling to the medial aspect of the right knee with tenderness to bilateral knees and decreased flexion on the right. The claimant had previously been on other NSAIDs including Celebrex for pain. Progress note on 12/19/14 indicated the claimant had GERD while on anti-inflammatory medications. Tramadol did provide functional improvement. Zorvolex was considered to reduce the GI symptoms. On 1/08/2015 Utilization Review non-certified a request for Zorvolex 18mg #60 noting that the requested medication is not recommended as a first line treatment and is not indicated due to increased risk of gastrointestinal dysfunction. The ODG was cited. On 1/21/2015, the injured worker submitted an application for IMR for review of 1 prescription of Zorvolex 18mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 18gm #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: Zorovolex (Diclofenac) is an NSAID. It is not noted to cause less GERD than Celebrex. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. There was no indication of Tylenol failure and further response to Tramadol alone was not attempted. Long-term NSAID use has renal and GI risks. Continued use of Zorovolex is not medically necessary.