

Case Number:	CM15-0011722		
Date Assigned:	01/29/2015	Date of Injury:	03/01/2013
Decision Date:	03/19/2015	UR Denial Date:	12/19/2014
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male who sustained an industrial related injury on 3/1/13 after a fall. The injured worker had complaints of back pain radiating to the buttocks and bilateral legs with intermittent numbness and tingling in the legs. Right knee pain was also noted. Treatment included abrasion arthroplasty and joint debridement with lateral meniscectomy in July 2013 and post-operative physical therapy. The injured worker underwent additional surgery of arthroscopy abrasion arthroplasty and microfracture of the medial femoral condyle with articular cartilage debridement chondroplasty of the patella, patellofemoral compartment, with partial synovectomy, and resection of medial patellar plica. Diagnoses included status post knee surgery x2, right knee moderate to severe tricompartmental osteoarthritis, lumbar multilevel disc herniations with neural foraminal narrowing, and facet arthropathy of the lumbar spine with lumbar radiculopathy. The treating physician requested authorization for Zarvolex 35mg #90 with 1 refill. On 12/19/14 the request was non-certified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #90 x 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-72.

Decision rationale: Zorvolex is a commercial preparation of diclofenac. It differs from standard diclofenac in having smaller, more soluble particles. The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is documentation of failure of multiple NSAIDs in the past. The utilization reviewer had cited the ODG formulary, but it should be noted that the MTUS takes precedence. The MTUS does not dictate a formulary, and offers diclofenac as a therapeutic option for musculoskeletal pain (such as knee osteoarthritis), which is clearly documented in this case. Given this, Zorvolex is a reasonable therapeutic option.