

Case Number:	CM15-0016673		
Date Assigned:	02/05/2015	Date of Injury:	07/14/2009
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old female who reported an injury on 07/14/2009. The mechanism of injury was not stated. The current diagnoses include chronic low back pain, intermittent right leg radicular symptoms, occasional left leg radicular symptoms, depression, chronic cervical myofascial pain, and chronic thoracic myofascial pain. The injured worker presented on 08/19/2014 with complaints of persistent low back pain. Upon examination, there was 30 degree flexion, 5 degree extension, 10 degree rotation, 10 degree lateral flexion, paralumbar tenderness, and slight spasm. There was left sacroiliac and trochanteric tenderness. Recommendations included a refill of Ultracet 37.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 18mg 1 by mouth #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

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

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There is no indication that this injured worker is current utilizing this medication. Additionally, the guidelines do not recommend long term use of NSAIDs. The request for Zorvolex 18 mg with 3 refills would not be supported. Given the above, the request is not medically appropriate.