

<b>Case Number:</b>	CM15-0116491		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: 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 42 year old male, who sustained an industrial injury on 4/21/14. Initial complaints were not reviewed. The injured worker was diagnosed as having inguinal hernia NOS. Treatment to date has included status post inguinal hernia repair. Currently, the PR-2 notes dated 5/5/15 are hand written and are difficult to decipher. The notes indicated the injured worker has a decrease in pain rated at 5/10. He has a history reported of an inguinal hernia with inguinal hernia repair area is with pain on palpation. He has requested an ultrasound of the right pelvic region and refer to an urologist. The provider has also requested authorization of Zorvolex 35mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zorvolex 35 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs) Page(s): 68.

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

**Decision rationale:** Regarding the request for Zorvolex (diclofenac), 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 no indication that Zorvolex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Furthermore, the patient has taken ibuprofen and naproxen in the past without documented treatment failure. In the absence of such documentation, the currently requested Zorvolex is not medically necessary.