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| Case Number: | CM15-0119017 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 10/30/2013 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/19/2015 |

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 50-year-old male, who sustained an industrial injury on 10/30/2013. Diagnoses include shoulder pain. Treatment to date has included surgical intervention (right shoulder arthroscopy 7/11/2014), medications, icing and physical therapy. Per the Primary Treating Physician's Progress Report dated 5/14/2015, the injured worker reported increased pain right shoulder over acromioclavicular joint since the last visit. Physical examination of the upper extremities revealed normal range of motion with the exception of extension in the right upper extremity, which was limited to 40 degrees, abduction was limited to 150 degrees, external rotation was limited to 60 degrees and internal rotation was 60 degrees. There was tenderness to palpation along the anterior and posterior right shoulder. The plan of care included anti-inflammatory medication and authorization was requested for Zorvolex (diclofenac) 18mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 18 mg, Ninety count: Upheld

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

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

Decision rationale: 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. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. The claimant was previously on Celebrex and Etodolac and the claimant developed GI symptoms. The physician requested Etodolac. There is no indication that one NSAID is superior to another and NSAIDs should be discontinued due to the symptoms. Long-term NSAID use has renal and GI risks. The Zorovolex is not medically necessary.