

Case Number:	CM15-0120753		
Date Assigned:	07/01/2015	Date of Injury:	02/07/2002
Decision Date:	09/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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 72 year old female who sustained an industrial injury on 2-7-02. The injured worker was diagnosed as having spondylosis lumbosacral region, lumbago, spinal stenosis of lumbar region and thoracic lumbosacral radiculitis unspecified. Currently, the injured worker reported low back with radiation to the lower extremity and decreased sleep. Previous treatments included oral nonsteroidal anti-inflammatory drugs and oral pain medication. Previous diagnostic studies included a magnetic resonance imaging. The injured work status was not noted. The injured workers pain level was noted as 3 out of 10. Physical examination was notable for lower back pain. The plan of care was for Zorvolex 35 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Diclofenac.

Decision rationale: Regarding the request for Voltaren (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. ODG recommends Diclofenac be used as a second line NSAID due to its risk profile. Within the documentation available for review, there is no indication that Diclofenac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, there is no documentation of failure of first-line NSAIDs prior to the use of Diclofenac. In the absence of such documentation, the currently requested Voltaren (Diclofenac) is not medically necessary.