

Case Number:	CM15-0122934		
Date Assigned:	07/07/2015	Date of Injury:	08/24/2004
Decision Date:	08/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 49-year-old female with an industrial injury dated 08/24/2004. The injured worker's diagnoses include cervical spinal stenosis and cervical disc disorder with myelopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/09/2015, the injured worker reported neck pain with tightness in her hands. The injured worker also reported pain in the left hand, and fingers. Objective findings revealed cervical tightness, pain with flexion/extension, tenderness in the upper cervical paraspinal and trapezial muscle, pain radiation from neck to right shoulder and mild impingement. The treating physician prescribed Flexall max gel strength #85 with 3 refills and Zorvolex capsule 35mg #30 with 7 refills now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexall max gel strength #85 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexall max gel strength #85 with three refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured worker's working diagnosis are cervical spinal stenosis; and cervical disc disorder with myelopathy. The date of injury is August 24, 2004. The request for authorization is June 2, 2015 and the most recent progress note medical record is dated April 9, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization (June 2, 2015). According to a progress note, dated November 4, 2014, samples of Zorvolex were provided to the injured worker that "helped". Flexall Gel was not approved. Non-steroidal anti-inflammatory (ibuprofen and naproxen) resulted in stomach upset. According to an April 9, 2015 progress note, the injured worker had neck pain and hand tightness. Objectively, there was cervical spine tightness. The directions for use included applied three times a day to the affected areas, but no specifics were provided. There is no documentation of failed first-line treatment. Topical analgesic was denied as far back as November 4, 2014. The injured worker has been using the topical analgesic, but there is no documentation of objective functional improvement. Consequently, absent clinical documentation of first-line treatment failure with anticonvulsants antidepressants, demonstrated objective functional improvement and specific directions for use, Flexall max gel strength #85 with three refills is not medically necessary.

Zorvolex capsule 35mg #30 with 7 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zorvolex caps 35mg #30 with seven refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnosis are cervical spinal stenosis; and cervical disc disorder

with myelopathy. The date of injury is August 24, 2004. The request for authorization is June 2, 2015 and the most recent progress note medical record is dated April 9, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization (June 2, 2015). According to a progress note, dated November 4, 2014, samples of Zorvolex were provided to the injured worker that "helped". Non-steroidal anti-inflammatory (ibuprofen and naproxen) resulted in stomach upset. According to an April 9, 2015 progress note, the injured worker had neck pain and hand tightness. Objectively, there was cervical spine tightness. Diclofenac is not recommended as a first-line drug due to its increased risk profile. The documentation indicates samples of Zorvolex "helped". There was no documentation demonstrating objective functional improvement with its use as far back as November 4, 2014. Additionally, the treating provider is requesting seven refills. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Zorvolex use in conjunction with its increased risk profile and request for seven refills, Zorvolex caps 35mg #30 with seven refills is not medically necessary.