

Case Number:	CM15-0125471		
Date Assigned:	07/10/2015	Date of Injury:	03/18/2014
Decision Date:	08/05/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

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 patient who sustained an industrial injury on 03/18/2014. The accident was described as while working she was involved in a motor vehicle accident with resulting injury. Radiography study done on 07/30/2014 showed: tricompartmental degenerative changes without significant joint space narrowing. The treating diagnosis was right foot fracture. The plan of care involved a course of physical therapy, therapeutic exercise and follow up visit. The patient was prescribed modified work duty through 10/15/2014. An orthopedic visit dated 05/29/2015 reported the patient with complaint of having left little finger laceration, injured coccyx, and right foot fracture. The impression found the patient with left little finger wound; tendonitis left hand, and neuroma little finger. At this point she is not a surgical candidate. 10/24/2014 the hardware was surgically removed from the right foot and the treating diagnosis was aftercare for musculoskeletal system surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35 mg #90 with 5 refills: 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, Zorvolex Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71. Decision based on Non-MTUS Citation Zorvolex Prescribing Information.

Decision rationale: The claimant sustained a work injury and March 2014 and continues to be treated for chronic pain. She underwent ORIF with hardware removal for a Lisfranc fracture of the right foot. Diagnoses include lower extremity CRPS. When seen, she was having right lower extremity, left fifth finger, and coccyx pain. Review of systems was negative for gastrointestinal problems. Physical examination findings included an antalgic gait with right lower extremity findings consistent with CRPS. Medications being prescribed were atenolol and Zorvolex. Zorvolex is a non-steroidal anti-inflammatory medication consisting of diclofenac in a formulation designed to allow lower dosing. It is indicated for management of mild to moderate acute pain and osteoarthritis pain. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, a special formulation of diclofenac is not medically necessary. The claimant has no history of intolerance or adverse effect related to non-steroidal anti-inflammatory medication use. Nabumetone had previously been prescribed without adequate pain relief but without apparent adverse effect. The request is not medically necessary.