

Case Number:	CM15-0126165		
Date Assigned:	07/15/2015	Date of Injury:	07/13/2003
Decision Date:	09/11/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 64 year old male, who sustained an industrial injury on July 13, 2003. He reported low back pain radiating into bilateral lower extremities, neck pain and right hand pain. The injured worker was diagnosed as having lumbar diskogenic disease at lumbar 2-3. Treatment to date has included diagnostic studies, lumbar injections, medications, conservative therapies and work restrictions. Currently, the injured worker complains of continued low back pain with pain, tingling and numbness radiating to the lower extremities, neck pain and right hand and trigger finger pain. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 5, 2015, revealed continued pain and decreased range of motion in the lumbar spine. Magnetic resonance imaging of the lumbar spine revealed bulging disc at lumbar 2-3 compressing nerve roots and narrowing foraminal openings. Epidural steroid injection was administered to the lumbar spine on February 3, 2015. Evaluation on March 3, 2015, revealed improved pain since the injection however it was beginning to return 2 weeks later. Hydrocodone and Tramadol were continued. It was noted on lab studies and diagnostics he had elevated liver enzymes and a fatty liver and was cautioned against the use of medications with Tylenol. Evaluation on May 12, 2015, revealed continued pain rated at a 10 out of 10 without medications and a 4 out of 10 with medications. He noted his pain was 9 out of 10 on a 1-10 scale with 10 being the worst at present. He was administered with a pain injection and noted the pain was decreased to a 3 out of 10 with 10 being the worst. It was noted he signed a chronic opioid contract however Zorvolex, an anti-inflammatory was continued on a chronic basis. No

goals of using the medication on a short term basis were noted. Evaluation on June 9, 2015, revealed continued pain as noted. He reported a 50% reduction in pain and a 50% increase in function while on medications however he rated his present pain at 9 on a 1-10 scale with 10 being the worst. He received another pain injection. Zorvolex was continued. Zorvolex 35mg #90 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22.

Decision rationale: According to California MTUS Guidelines, oral NSAIDs, such as, Zorvolex (Diclofenac capsules), are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to the ODG, there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. In this case, the injured worker had good pain relief with medications including combination analgesics with Tylenol however lab reports noted fatty liver and elevated liver enzymes and medications with Tylenol were discontinued. He was then treated with alternative medications, signed a narcotic contract and had consistent urinary drug screens with prescribed medications. It was unclear why the pain medications providing good relief were adjusted and Zorvolex was added, It was noted the pain was chronic and there were no noted short term goals addressing discontinuing the NSAID. In addition, although he reported decreased pain and increased function with the use of medications, pain ratings were consistently 9/10. He was noted to require additional pain injections during multiple visits. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.