

<b>Case Number:</b>	CM15-0170439		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2015

### 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 female, who sustained an industrial injury on 3-18-2014. The mechanism of injury was a motor vehicle accident. The injured worker was diagnosed as having reflex sympathetic dystrophy of the right lower extremity-open reduction-internal fixation of the right foot, hand pain, chronic pain syndrome and coccyx injury. A recent progress report dated 7-24-2015, reported the injured worker complained of right lower extremity pain, coccyx pain and hand pain. Physical examination revealed mild swelling in the right foot with pain on palpation and antalgic gait favoring the right. Radiology studies were not provided. Treatment to date has included surgery, physical therapy, chiropractic care and Zorvolex with 50% improvement in pain and function. The physician is requesting Zorvolex 35mg #90 with 1 refill. On 8-4-2015, the Utilization Review noncertified Zorvolex 35mg #90 with 1 refill, due to lack of information regarding a drug change from Relafen why the injured worker could not take diclofenac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zorvolex 35mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in March 2014 as the result of a motor vehicle accident and continues to be treated for chronic pain including a diagnosis of right lower extremity CRPS after sustaining multiple metatarsal fractures. When seen, she was having ongoing pain involving multiple body parts. She had recently undergone surgery for removal of an ovarian cyst. Medications were atenolol, nabumetone, Tylenol, and Zorvolex. Physical examination findings included appearing in mild distress. There was an antalgic gait with forward flexed posture. Her BMI is over 40. 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. It is not a first line agent. Oral NSAIDS (nonsteroidal 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 apparent history of intolerance or adverse effect related to non-steroidal anti-inflammatory medication use. Nabumetone is being prescribed and prescribing two oral NSAID medications is not appropriate or medically necessary.