

<b>Case Number:</b>	CM15-0025548		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Preventive Medicine, Occupational 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 54-year-old male, who sustained an industrial injury on 3/09/2012. The diagnoses have included left shoulder rotator cuff injury, cervical sprain/strain, cervical disc injury and myofascial pain syndrome. Treatment to date has included medications, acupuncture, application of heat and cold and home exercise. Currently, the IW complains of a lot of pain and discomfort in the neck and left shoulder. Objective findings included continued neck and left shoulder pain and discomfort. Activity increased pain and discomfort. On 2/04/2015, Utilization Review non-certified a request for Zorvolex 35mg #30 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ODG was cited. On 2/10/2015, the injured worker submitted an application for IMR for review of Zorvolex 35mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zorvolex 35mg #30/month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

**Decision rationale:** The uses of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. He has been treated chronically with ibuprofen 800 mg, but when the ibuprofen was not approved by insurance, he was provided Zorvolex 35 mg, another NSAID medication. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Zorvolex 35mg #30/month is determined to not be medically necessary.