

<b>Case Number:</b>	CM15-0040633		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Texas, New York, 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 applicant is a represented 44-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 8, 2013. In a Utilization Review report dated February 2, 2015, the claims administrator failed to approve a request for Zorvolex. The claims administrator referenced an RFA form received on January 27, 2015 in its determination. On September 15, 2014, the applicant reported ongoing complaints of knee pain, 8/10. Mobic was endorsed. The applicant was asked to avoid heavy lifting. The applicant's work status was not clearly stated at the bottom of the report, although it was suggested that the applicant was working. On November 14, 2014, the applicant reported ongoing complaints of knee pain. The applicant was using a knee brace. The applicant was status post an earlier ACL repair and meniscectomy surgery. Arthrotec and Catapres were endorsed while the applicant was returned to regular duty work. The note was difficult to follow and not altogether legible. On December 16, 2014, the attending provider wrote that the applicant could use Motrin on an as-needed basis. Ongoing complaints of knee pain, unchanged, were reported. In a handwritten note dated January 26, 2015, Zorvolex was apparently endorsed for ongoing complaints of knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zorvolex cap 35mg, 60 units,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium; Functional Restoration Approach to Chronic Pain Management Page(s): 71; 7.

**Decision rationale:** No, the request for Zorvolex, a brand-name variance of diclofenac, was not medically necessary, medically appropriate, or indicated here. While page 71 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that oral diclofenac is indicated in the treatment of arthritis, as appeared to be present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" and "cost" into his choice of recommendations. Here, however, the attending provider did not clearly state why the applicant had been given so many different NSAID medications. The applicant was given Zorvolex (brand-name diclofenac) on January 26, 2015. In an earlier note dated November 14, 2014, the applicant was given Arthrotec. On December 16, 2014, the attending provider suggested that the applicant use Motrin on an as-needed basis. On September 15, 2014, the attending provider suggested that the applicant employ Mobic for pain relief. No clear rationale for usage of so many different NSAIDs in such close temporal proximity to each other was furnished by the attending provider. Similarly, the attending provider's handwritten progress note of January 26, 2015 made no mention of the need for introduction of brand name Zorvolex in favor of generic NSAIDs. Therefore, the request was not medically necessary.