

<b>Case Number:</b>	CM15-0071568		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Internal 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 40 year old female, who sustained an industrial injury on April 18, 2013. The injured worker was diagnosed as having lumbosacral radiculopathy, lumbar facet syndrome and degenerative disc disease (DDD) and neurogenic bladder/incontinence. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), epidural steroid injection and medication. A progress note dated November 17, 2014 provides the injured worker complains of low back and left knee pain. She reports numbness and tingling in the leg and rates the pain 6-8/10. She also complains of urinary incontinence. Physical exam notes lumbar tenderness and antalgic gait with decreased weight bearing on left leg. The plan includes medication, exercise and epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zorvolex 35mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zorvolex (Diclofenac).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Official Disability Guidelines (ODG) indicate that Zorvolex (Diclofenac) is not recommended except as a second-line option, because Diclofenac products are not recommended as first-line choices due to potential increased adverse effects. Research has linked Diclofenac to sometimes serious adverse outcomes, including cardiovascular thrombotic events, myocardial infarction, stroke, gastrointestinal ulcers, gastrointestinal bleeding, and renal events such as acute renal failure. Zorvolex is a second-line medication with little to no place in the treatment of workers compensation injuries. The medical records document a history of chronic low back complaints. Date of injury 4/18/13. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. Per ODG, Zorvolex has little to no place in the treatment of workers compensation injuries. The use of Zorvolex (Diclofenac) is not supported by MTUS guidelines. Therefore, the request for Zorvolex is not medically necessary.