

Case Number:	CM15-0090395		
Date Assigned:	05/14/2015	Date of Injury:	11/08/2007
Decision Date:	06/16/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/11/2015

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 63-year-old male, who sustained an industrial injury on 11/8/07. The injured worker has complaints of low back pain and bilateral knees. The documentation noted that the injured workers gait is impaired and there is tenderness and slight swelling of both knees. The diagnoses have included old bucket handle of medial meniscus; chronic lumbosacral strain and depression and anxiety. The request was for zorvolex 18mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 18 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 65-69. Decision based on Non-MTUS Citation [https://www.zorvolex.com/how-is-zorvolex-different/Official Disability Guidelines: Pain - NSIDS](https://www.zorvolex.com/how-is-zorvolex-different/Official%20Disability%20Guidelines%20-%20Pain%20-%20NSAIDs).

Decision rationale: Neither MTUS Guidelines nor updated ODG Guidelines supports the use of Zorvolex vs. usual and customary forms or dosing of Diclofenac. The Zorvolex is absorbed

more effectively, but there is no published proof that this diminishes side effects or is more effective than other forms of Diclofenac. Due to improved absorption, the dose is lower, but the side effects are due to the systemic drug levels and not the ingested milligrams. Guidelines do not support Zorvolex and no information is found (such as improved safety as compared to other formulations of the same active ingredient) to support an exception to Guidelines. The Zorvolex 18mg #90 is not supported by Guidelines and is not medically necessary.