

<b>Case Number:</b>	CM15-0092040		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	06/14/1989
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Physical Medicine & Rehabilitation

### 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 68 year old male, who sustained an industrial injury on June 14, 1989. The injured worker was diagnosed as having lumbar degenerative disc disease (DDD) and right ankle osteoarthritis. Treatment to date has included aqua therapy, ankle brace/orthotic and medication. A progress note dated March 12, 2015 provides the injured worker complains of increased back and upper extremity pain since hydrotherapy was discontinued. Physical exam notes continued severe muscle wasting, severe right ankle instability and use of ankle brace. He has an antalgic gait. The plan includes ankle brace/orthotic, [REDACTED] membership, lab work, Zorvolex, Tramadol and hydrocodone/acetaminophen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zorvolex 35mg #42 Refills: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID with 6 refills for a chronic injury of 1989 nor have they demonstrated any functional efficacy derived from treatment already rendered. The Zorvolex 35mg #42 Refills: 6 is not medically necessary and appropriate.