

Case Number:	CM15-0092667		
Date Assigned:	05/19/2015	Date of Injury:	08/11/2014
Decision Date:	06/24/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 36 year old female, who sustained an industrial injury on 8/11/14. The injured worker has complaints of left knee pain and right elbow pain laterally with activities. The injured workers left knee has tender lateral epicondyle and mild swelling. The diagnoses have included lateral epicondylitis of elbow; derangement of anterior horn of lateral meniscus; derangement of posterior horn of medial meniscus and chondromalacia of patella. Treatment to date has included physical therapy; zorvolex; magnetic resonance imaging (MRI) of left knee shows medial and lateral meniscal tears, mild chondromalacia patella, no fractures or dislocations and status post left medial meniscus repair. The request was for zorvolex 35mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Zorvolex (diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Guidelines also state that NSAIDs are no more effective than other drugs such as acetaminophen. In addition, guidelines state that no one NSAID is more effective than another. Within the documentation available for review, there is no indication that the Naproxen was providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement, and no documentation the patient has failed acetaminophen. In the absence of such documentation, the currently requested Zorvolex is not medically necessary.