

Case Number:	CM15-0096146		
Date Assigned:	05/26/2015	Date of Injury:	12/11/2013
Decision Date:	06/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/19/2015

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 51 year old female, who sustained an industrial injury on 12/11/13. She reported initial complaints of low back, right knee and right ankle. The injured worker was diagnosed as having lumbar facet joint arthropathy; chronic low back pain; right knee internal derangement; status post right knee surgery; chronic right knee pain; right knee degenerative joint disease; right ankle pain. Treatment to date has included physical therapy; right knee braces; facet medial branch blocks (10/30/14); status post bilateral L4-5/L5-S1 radiofrequency ablation (3/9/15); medications. Diagnostics included MRI right knee (12/16/13). Currently, the PR-2 notes dated 4/9/15 indicated the injured worker complains of right knee, right ankle and bilateral back pain. She is a status post fluoroscopically guided bilateral L4-L5 and L5-S1 radiofrequency nerve ablation. A QME of 3/9/15 recommended a lumbar MRI and MR arthrogram of the right knee and is questioning if she is a total knee surgery candidate. The injured worker has a pre-industrial injury to the right knee and is a status post patellar re-alignment surgery in 2005 with status post repair of the lateral meniscus in 2010. All activities appear to aggravate her symptoms and changing positions and medication relieve them. On physical examination the provider reveals tenderness upon palpation of the right knee, right ankle and bilateral lumbar paraspinal muscles overlying the L4-L5 and L5-S1 facet joints. There is tenderness to palpation of the medial and lateral joint line. The right knee range of motion was restricted by pain in all directions. The injured worker reported buckling and clicking. Lumbar extension was worse than lumbar flexion. Lumbar discogenic provocative maneuvers, [REDACTED] hip flexion, were positive bilaterally. Sacroiliac provocative maneuvers and nerve root tension

signs were negative bilaterally. Sustained hip flexion was positive bilaterally Sensation is intact. The injured worker is a status post bilateral L4-5/L5-S1 radiofrequency ablation of 3/9/15. The provider is recommending the closed MRI of the lumbar spine for evaluate the nerve root impingement, disc protrusion, stenosis, and degenerative disc disease and facet joint arthropathy. The provider has also requested Zorovlex 35 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorovlex 35 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. In addition, the patient is also currently prescribed Tramadol for pain. Zorovlex 35 mg #60 is not medically necessary.