

Case Number:	CM15-0096504		
Date Assigned:	06/12/2015	Date of Injury:	06/13/2000
Decision Date:	07/17/2015	UR Denial Date:	04/21/2015
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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old female patient, who sustained an industrial injury on June 13, 2000. The diagnoses include cubital tunnel syndrome, tardy ulnar nerve palsy, medial epicondylitis, chronic pain, depression and anxiety. According to progress note of April 7, 2015, her chief complaint was evaluation for depression and anxiety secondary to chronic pain. The psychological noted suggested her mood had slightly improved. She was volunteering at a basketball tournament for the daughter. She was benefitting from psychotherapy sessions. The medications list includes Lyrica, Zorvolex, Pristiq and Effexor. She has undergone right ulnar nerve transposition on 4/26/2006. She previously received the following treatments medications, psychological services and botox injections into the muscles. The treatment plan included prescription for Lyrica and Zorvolex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 300mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), page 16 Pregabalin (Lyrica, no generic available), page 19.

Decision rationale: Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, antiepilepsy drugs are "recommended for neuropathic pain (pain due to nerve damage). Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both". As mentioned above the patient had chronic pain with right upper extremity neuropathy. Patient has a history for the ulnar nerve. Lyrica is medically appropriate and necessary in such a clinical situation. The request of Lyrica 300mg #30 is medically necessary and appropriate for this patient.

Zorvolex 35mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs. Decision based on Non-MTUS Citation Medscape.com - Products containing Diclofenac Sodium.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Zorvolex (diclofenac).

Decision rationale: Zorvolex contains diclofenac. Diclofenac is an NSAID. According to CA MTUS chronic pain medical treatment guidelines "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. (Van Tulder-Cochrane, 2000)" Patient had chronic pain with depression and anxiety. Therefore, use of a NSAID is medically appropriate and necessary. However, per the cited guidelines 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. See Diclofenac. While diclofenac has potent anti-inflammatory and analgesic properties, research has linked this drug to sometimes serious adverse outcomes, including cardiovascular thrombotic events, myocardial infarction, stroke, gastrointestinal ulcers, gastrointestinal bleeding, and renal events (such as acute renal failure). (FDA, 2014) This new formulation of diclofenac does not present any apparent advantages versus other medications of the class. Zorvolex is pure acid versus salt in other formulations, resulting in faster dissolution using SoluMatrix Fine Particle Technology. However, it has the same side effect profile while more expensive than other NSAIDs that are available as generics. It is an expensive, brand name only, second-line medication with little to no place in the treatment of workers compensation injuries. (FDA, 2013)..." Therefore per the cited guidelines there is no additional advantage of zorvolex compared to other generic NSAIDs. Response to other NSAIDs like naproxen is not specified in the records provided. The request for Zorvolex 35mg #90 is not medically necessary or fully established as a first line NSAID due to its risk profile.