

Case Number:	CM15-0097019		
Date Assigned:	05/28/2015	Date of Injury:	02/02/2001
Decision Date:	07/02/2015	UR Denial Date:	04/13/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 57-year-old female sustained an industrial injury on 2/2/01. She subsequently reported neck and shoulder pain. Diagnoses include rupture of rotator cuff, brachial neuritis or radiculitis, hemarthrosis involving hand and lateral epicondylitis. Treatments to date include MRI and x-ray testing, surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience neck and right shoulder pain as well as right forearm and elbow pain. Upon examination, tenderness was noted over the lateral epicondyle. Spurling's maneuver was mildly positive on the right with increasing paresthesia. Right upper extremity and shoulder range of motion was reduced. A request for Zorvolex medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAID.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zorvolex (Diclofenac) 35mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs surges in symptoms where they are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are chronic right shoulder arthralgia, status post Mumford procedure; right cervical radiculopathy, chronic recurrent; and right lateral epicondylitis. The request for authorization is dated April 6, 2015. The most recent progress of the medical records dated January 12, 2015. There is no contemporaneous clinical documentation in the medical record on or about the date of request for authorization. The January 12, 2015 progress note contains a prescription for Zorvolex. Subjectively, the injured worker complains of neck and right shoulder pain with newer symptoms including pain at the right epicondyle. The pain score is 7-9/10. The injured worker takes anti-inflammatory medications, but none is listed in the January 2015 progress note. The injured worker was last seen by the treating provider approximately one year ago. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. It is unclear how long and what non-steroidal anti-inflammatory drugs (prior to the January 12, 2015 progress note) the injured worker has been using. Additionally, Diclofenac is not recommended as a first-line drug due to its increased risk profile. There is no documentation of failed first-line non-steroidal anti-inflammatory drugs. Consequently, absent clinical documentation indicating the duration of non-steroidal anti-inflammatory drug use, failed first-line non-steroidal anti-inflammatory drug treatment and guideline non-recommendations (Diclofenac is not recommended as a first-line drug due to its increased risk profile), Zorvolex (Diclofenac) 35mg #90 is not medically necessary.