

<b>Case Number:</b>	CM13-0020295		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient, age unspecified, reported a work-related injury on 06/25/2010. The specific mechanism of injury was not stated. The clinical letter dated 09/03/2013 reports the patient was last evaluated under the care of [REDACTED]. The provider documents the patient presents with continued complaints of neck, low back, and right shoulder pain. The patient's medication regimen included Vicoprofen, Prilosec, and Cymbalta. The provider documents the patient reports a 25% decrease in pain complaints with use of Vicoprofen. The provider noted that the patient has pain of neuropathic origin; therefore, Cymbalta was indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen 7.5/200mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The current request is not supported. As there was one clinical note for a patient with a date of injury of over 3 years in duration, it is unclear what the patient's clinical course of treatment has been, the patient's current physical exam findings, and subjective

complaints. The California MTUS indicates Vicoprofen "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Given that the clinical notes failed to evidence the patient's average rate of pain, increase in objective functionality, decrease in rate of pain on a VAS scale, and documentation of clear efficacy of treatment, the request for Vicoprofen 7.5/200mg #30 is neither medically necessary nor appropriate.

**Cymbalta 30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review included one clinical note appealing previous adverse determinations for the patient's medication regimen. The only reference made to the patient's utilization of Cymbalta was the patient has a pain of neuropathic origin. The clinical notes failed to document the patient's current physical exam findings, the patient's current diagnoses, and the patient's reports of positive efficacy as a result of utilizing this medication. The California MTUS indicates Cymbalta is recommended as an option as a first line treatment in neuropathic pain. However, given all the above, the request for Cymbalta 30mg #30 is neither medically necessary nor appropriate.