

Case Number:	CM13-0025833		
Date Assigned:	12/18/2013	Date of Injury:	03/10/1994
Decision Date:	01/29/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/18/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 is a 67-year-old male who sustained a work related injury on 03/10/1994. The patient's diagnoses include mechanical back pain and spondylolisthesis. The clinical information indicated patient reports of decreased pain from 7/10 without medications, to 2-3/10 with medications. Objective findings revealed 1+ deep tendon reflexes and slight lumbar spine tenderness. The treatment plan indicated a continuation to taper Vicoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Vicoprofen 7.5/200mg, #120 x 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: CA MTUS Guidelines recommends the documentation of "4 A's" which consists of "(analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." While the clinical information submitted for review documented significant pain relief with medication use,

there is lack of objective documentation of functional improvement being attained throughout the long-term use of the requested medication. As such, the request for prescription Vicoprofen 7.5/200 mg #120 times 4 refills is non-certified.