

Case Number:	CM13-0028529		
Date Assigned:	11/27/2013	Date of Injury:	03/31/2011
Decision Date:	01/24/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/25/2013

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 Occupational Medicine, 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:

This medication is NOT necessary. CA MTUS chronic pain guides page 80 recommend that opiates be continued only if they show decreased pain or increased function. The patient has been taking Vicoprofen and oxycontin for an extended period of time for low back pain and neck pain. The patient has been having increasing low back pain. CA MTUS does not recommend long term use of opioids for chronic low back pain. In addition, there is no documentation that the patient pain has decreased as he continues to have 9-10/10 pain. There is no documentation of increased function as well. There is an FCE but it is unclear if it is done with meds

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen #30: Upheld

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

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

Decision rationale: This medication is NOT necessary. CA MTUS chronic pain guides page 80 recommend that opiates be continued only if they show decreased pain or increased function.

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