

<b>Case Number:</b>	CM13-0037260		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/30/1998
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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. The expert reviewer is Board Certified in Internal Medicine has a subspecialty in Rheumatology 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 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/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 patient is a 38 year old female with date of injury 4/17/08. The mechanism of injury is not specified in the available medical records. The patient has complained of chronic low back pain and sciatica since the date of injury. No surgeries have been reported in the available medical records. Per a provider note, an MRI of the lumbar spine revealed degenerative disc disease of the lower thoracic and lumbar spine, facet joint disease at L4-L5, moderate spinal canal stenosis at L3-L4 and mild bilateral neuroforaminal narrowing at L5-S1. The patient has been treated with physical therapy and medications. Objective: decreased range of motion of the lumbar spine, tenderness to palpation of spinous processes L4-L5, a positive straight leg raise on the left and decreased sensation in an L4-L5 distribution on the left. Diagnoses: sciatica, lumbago. Treatment plan and request: vicoprofen, flector patch.

### 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 #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on Opioids, Criteria For Use. Page(s): 76-85,.

**Decision rationale:** This 38 year old female has complained of lower back pain and sciatica since date of injury 4/17/08. It is unclear from the available medical records if she is currently taking vicoprofen as there is no documentation regarding this medication. There is no provider rationale documented with regard to use of this medication. There are no treating physician reports that adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS cited guidelines which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Vicoprofen is not indicated as medically necessary.

**Prescription of Flector Patches #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Section on NSAIDS. Page(s): 67-68.

**Decision rationale:** This 38 year old female has complained of lower back pain and sciatica since date of injury 4/17/08. It is unclear from the available medical records if she is currently using flector patches as there is no documentation regarding this medication. There is no documentation in the available medical records that the patient is experiencing an acute flare of back pain at the time of request of the Flector (diclofenac) patch. Furthermore, per the MTUS cited guidelines, NSAIDS are not recommended in the treatment of chronic back pain and are indicated only as an option for the short term (2-4 weeks) symptomatic relief of back pain only. Per the MTUS guidelines, treatment of this patient's chronic low back pain with a Flector patch is not indicated as medically necessary.