

<b>Case Number:</b>	CM13-0038681		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/10/1993
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

51 yr. old male claimant sustained a work injury on 12/10/93 involving the low back. He was diagnosed with lumbar strain. A progress note on 9/16/13 indicated the claimant had 5/10 low back pain radiating to the legs. Exam findings were notable for reduced range of motion of the lumbar spine and tenderness in the sacroiliac joint. The claimant was on Morphine, Percocet and Vicoprofen for pain. The claimant had been on Vicoprofen for years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **VICOPROFEN 7.5/200 #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDs Page(s): 82-92 67.

**Decision rationale:** Vicoprofen contains and NSAID and Opioid. According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. NSAIDs are

recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, the claimant had been on Vicoprofen for years along with high dose opioids. There is no indication for multiple opioids with the addition of an NSAID for chronic back pain. The continued and prolonged use of Vicoprofen is not medically necessary.