

Case Number:	CM13-0041434		
Date Assigned:	03/24/2014	Date of Injury:	06/25/2010
Decision Date:	05/23/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/15/2013

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 and Emergency 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 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 60 year-old with a date of injury of 06/25/10. A progress report associated with the request for services, dated 08/13/13, identified subjective complaints of neck, low back, and shoulder pain. Objective findings included an antalgic gait and painful range-of-motion of the lumbar spine. The diagnoses included lumbar strain/sprain and chronic pain syndrome. The treatment has included oral opioids and antidepressants. The record notes that the medications decrease pain and increase activity. A utilization review determination was rendered on 10/01/13 recommending non-certification of "Vicoprofen 7.5/200mg #30".

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Functional Improvement Measures, NSAIDs, Opioids Page(s): 48, 67-73, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NSAIDs

Decision rationale: Vicoprofen is the opioid analgesic Hydrocodone in combination with the NSAID, ibuprofen. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The California MTUS further states that opioids are not recommended for more than 2 weeks for low back complaints. The patient has been on opioids well in excess of 16 weeks. The Medical Treatment Utilization Schedule (MTUS) states that NSAIDs are recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." The Official Disability Guidelines (ODG) state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. Concurrent use of SSRIs is not recommended as the combination is associated with a moderate risk of serious upper GI events compared to use of NSAIDs alone (Helin-Salmivaara 2007). The record indicates that the therapy is long-term rather than for a short period. In this case, there is no documentation of the other elements of the pain assessment referenced above or necessity of therapy beyond 16 weeks or specific functional improvement. Likewise, their use is in the setting of SNRI antidepressants. Therefore, there is no documented medical necessity for Vicoprofen.