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| Case Number: | CM14-0117378 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 10/21/2003 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 06/26/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

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 & Rehabilitation and is licensed to practice in Louisiana. 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:

The patient is a 70 year old female who was injured on 10/21/2003. The mechanism of injury is unknown. The patient underwent open decompression L4-L5 nerve roots bilaterally, placement of interbody cage, 9 mm Capstone, use of local bone graft for fusion, anterior interbody fusion TLIF approach L4-L5, poster lateral fusion L4-5, pedicle screw fixation Solera type and aid of microscope and fluoroscope on 08/23/2011. Progress report dated 06/06/2014 states the patient presented with aching, cramping, tenderness, and throbbing of her low back. She rated the pain as 10/10 without medications and with medications a 5/10. She reported difficulty with her activities of daily living. She is taking Vicoprofen 7.5/200 which provides her with significant pain relief. On exam, the lumbar spine range of motion is limited by 40% flexion, extension limited by 50%. There is mild tight band, mild spasm, and mild hypertonicity and moderate tenderness along the bilateral lumbar. Straight leg raise is positive at right L4, right L5 and right S1. She is diagnosed with radiculopathy of the lumbar spine, lumbar spondylolisthesis, and lumbar degenerative disk disease. The patient was recommended to continue Vicoprofen 7.5/200 mg. Prior utilization review dated 06/26/2014 states the request for Vicoprofen 200-7.5 mg #60 is denied as it is recommended for short term use only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 200-7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Vicoprofen is an opioid that is recommended for short term use (generally less than ten days) for moderately severe pain. The supporting documentations show the long-term use and the amount of Vicoprofen being prescribed to exceed the recommendation by the guidelines therefore, this request is not medically necessary.