

Case Number:	CM14-0151781		
Date Assigned:	09/19/2014	Date of Injury:	12/06/2007
Decision Date:	10/29/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/17/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury while working at [REDACTED] with a date of injury of 12/06/07. She underwent a cervical spine fusion in February 2012. Treatments included physical therapy. She was seen by the requesting provider on 06/24/14 with decreased and guarded cervical spine range of motion. There is a Letter of appeal dated 09/12/14. It references ongoing discogenic pain. She was having intermittent cervical paraspinal muscle spasms. Cyclobenzaprine had been effective. Topical agents had also been used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen Tab-Hydrocodone Bitartrate Ibuprofen 7.5/200mg (quantity unspecified):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 22,41,64,92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Opioids, criteria for use, NSAIDs, specific drug list & adverse eff.

Decision rationale: The claimant is more than 6-years status post work-related injury and continues to be treated for chronic neck pain. She underwent a cervical spine fusion in 2012.

Medications include Vicoprofen without specified quantity or dosing instructions. Although opioid and antiinflammatory medications can be recommended for the treatment of chronic pain, in this case, the amount being prescribed and the claimant's response to use of this medication is not documented. Therefore, the medical necessity of Vicoprofen Tab-Hydrocodone Bitartrate Ibuprofen 7.5/200mg (quantity unspecified) is not medically necessary.