

Case Number:	CM14-0169622		
Date Assigned:	10/20/2014	Date of Injury:	09/23/2011
Decision Date:	11/20/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational Medicine 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:

The injured worker is a 63 year old female with a date of injury on 9/23/2011. As per 9/17/14 report, she complained of acute left knee pain, pain in her proximal leg, along her entire back, and right hip and buttock down to her legs. Exam revealed painful range of motion with lateral flexions of the lumbar spine, tenderness to right lumbosacral junction and gluteal muscles, 4+/5 strength of left knee and fixed left ankle, left knee tenderness, moderate tenderness to sartorius bursa, and positive compression test. Magnetic resonance imaging scan of the left knee dated 8/6/12 revealed tearing of the posterior horn of the medial meniscus, as well as additional degenerative changes of the medial compartment with loss of articular cartilage, osteophytes, joint effusion, and Baker cyst. She previously has had left knee arthroscopic surgery, right total hip replacement and left ankle fusion and more recently left total knee replacement on 10/14/14. She has been using Vicoprofen since 1995 without any apparent issues. She has tried Norco and ibuprofen dated 9/8/14 and she could not tolerate Norco and efficacy was not as good as Vicoprofen; so both of them were discontinued and Vicoprofen was prescribed again. She is also on Pennsaid. She still has active pain and is supposed to taper off the medications gradually post left total knee replacement on 10/14/14. There is a narcotic agreement contract on file dated 3/19/14 and her urine drug screen is consistent with the prescribed medications. She has reportedly failed trials of OxyContin, Norco, Vioxx, Percocet, Fentanyl patch, Neurontin, Lyrica, Cymbalta, and Tramadol. Diagnoses include lumbago, pain in joint, lower leg, Osteoarthritis, localized; primary; lower leg, thoracic or lumbosacral neuritis or radiculitis; unspecified, spondylolisthesis, and long-term (current) use of other medications. The request for Vicoprofen/Ibuprofen 7.5mg #240 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen/Ibuprofen 7.5mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Opioids, Opioids, specific drug list Page(s): 51,74,91.

Decision rationale: Vicoprofen is a combination of Hydrocodone and Ibuprofen. Per Chronic Pain Medical Treatment Guidelines, Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is little to no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. According to the Chronic Pain Medical Treatment Guidelines "non-steroidal anti-inflammatory drugs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain suggested that non-steroidal anti-inflammatory drugs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that non-steroidal anti-inflammatory drugs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term use of non-steroidal anti-inflammatory drugs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level of function with continuous use. Furthermore, the injured worker has been taking Vicoprofen for years. Long-acting opioids should be considered when continuous around the clock pain management is desired. Therefore, the request is not medically necessary in accordance to guidelines.