

<b>Case Number:</b>	CM14-0041396		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/07/2006
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Internal 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 patient is an injured worker with lateral epicondylitis, cervical brachial syndrome, and chronic pain syndrome related to a date of injury of 2/7/06. A progress note dated 3/11/14 noted that the patient complained of right upper extremity (RUE) pain with constant numbness which was worse with use. Failed trials of Lyrica, Cymbalta, Gralise, and Horizant due to side effects were reported. The patient had attended chiropractic therapy and was taking vicoprofen. Physical examination revealed difficulty to perform opposition with right fifth digit, decreased painful range of motion of 85% in the right shoulder, and decreased strength in the right versus the left hand. Diagnoses are lateral epicondylitis, cervical brachial syndrome, and chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen 7.5/200mg #70:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Ibuprofen (Vicoprofen).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** The ACOEM/MTUS guidelines do not recommend the long-term use of opioids for neck, upper back, shoulder, and elbow conditions. The Chronic Pain Medical Treatment Guidelines states that all NSAIDs have a U.S. boxed warning for associated risk of adverse cardiovascular events. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. NSAIDs should be used with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Use of NSAIDs may compromise renal function. Routine monitoring is suggested. Periodic lab monitoring of a complete blood panel and chemistry profile, including liver and renal function tests, is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Progress reports document prescriptions for Vicoprofen (Hydrocodone/Ibuprofen) on the dates 10/30/13, 11/20/13, 12/16/13, and 3/11/14. No recent laboratory tests results were present in the submitted medical records. The MTUS guidelines recommend that opioid and NSAID medications be limited to short-term use. MTUS guidelines do not support the use of Vicoprofen (Hydrocodone/Ibuprofen) long-term. Therefore, the request is not medically necessary.