

Case Number:	CM14-0061191		
Date Assigned:	06/20/2014	Date of Injury:	01/31/2006
Decision Date:	08/06/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/17/2014

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 and is licensed to practice in New York and Texas. 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 38 year old male who had a work related injury on 01/31/2006. There was no mechanism of injury documented. He was diagnosed with failed back therapy. Lumbar disc disease. Radiating paresthesias. Office note dated 03/04/14, noted he anticipated needing his medications for days, did not want to taper off his medication. He did not want to switch to a different medication that was easier to taper off. Since his last visit he complained of low back pain. On the pain diagram he marked location of pain as being in the middle back along the spine, across the low back, and down the right leg. Worse since his last visit. Average pain level day and night since his last visits was 7/10. Pain level before taking medications was 8/10. After taking medications it was 7/10. His pain was aggravated by bending twisting and lifting. His pain was improved with rest and sitting. His activities of daily living included resting and sitting, he is not employed, he described his sleep as poor. Current medications Vicoprofen 7.5/200. Phentermine 37.5mg, tramadol 50mg. The injured worker previously underwent posterior L5-S1 fusion and laminectomy, facetectomy, and foraminotomy at L4-5 on 07/09/10 and 07/20/10. Removal of L5-S1 hardware and inspection of fusion was performed on 12/18/12. Lumbar magnetic resonance imaging dated 04/04/13 showed anterior fusion at L5-S1. Urine drug screen was done on 01/08/14, no report provided. On physical examination no acute distress. He ambulated with a limping gait with a cane. Range of motion of the lumbar spine showed flexion to about 45 degrees, right lateral flexion to about 15 degrees, left lateral flexion to about 20 degrees, and extension to 0 degrees. He complained of pain from his right leg to his back. There was tenderness to palpation in the center of the lumbar spine where he had the surgical scar. Heel toe standing was strong but slow. He could do 100% of a deep knee bend.

No gross neurological abnormalities. Prior utilization review on 03/13/14 was non-certified. Current request was for 90 tablets of Vicoprofen 7.5/200mg. 4938

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate's Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioid's.

Decision rationale: The request for 90 tablets of Vicoprofen 7.5/200mg is not medically necessary. The clinical documentation submitted for review does not support the request. Pain level before taking medications was 8/10. After taking medications it was 7/10. No documentation of functional improvement. Urine drug screen was done on 01/08/14, no report provided. Therefore medical necessity has not been established.