MAXIMUS Federal Services

Case Number:	CM14-0062568		
Date Assigned:	07/11/2014	Date of Injury:	08/30/2005
Decision Date:	10/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 28 year old female who reported an injury on 08/30/2005. The mechanism of injury occurred while doing repetitive work causing injuring her low back and right foot. Her diagnoses included status post anteroposterior lumbar fusion, discogenic disease and low back pain. The injured worker's past treatments included surgery, medications, physical therapy, and injections. Her diagnostic exams included X-rays of her lumbar spine, MRI's of her lumbar spine and a CT without contrast of her lumbar spine. Her surgical history consisted of an interbody fusion of L5-S1 on 02/19/2008, a facet joint injection on 10/11/2006 and an epidural steroid injection on 09/06/2006. She also had a lumbar cage replacement of L5-S1. On 08/21/2013, she complained of pain in her lower back, hips, legs and poor sleep quality. She rated her pain at 8/10 and when she took her medications her pain would decrease to 5/10. Her pain was aggravated by bending, twisting, walking, and sitting. The physical exam revealed normal reflexes and strength values. There was also notation of chronic opioid analgesic therapy, opioid tolerance with suspected rebound hyperalgesia, and chronic abstinence syndrome from self-advised non treatment with opioids. Her medications consisted of Ibuprofen, Tylenol PM, Vicoprofen 7.5/200mg one tab by mouth up to 4 times a day, and Fentanyl patches. The treatment plan comprised the use of Vicoprofen 7.5/200mg #120, Elavil 25mg #30, Motrin 600mg, and Fentanyl Patch 100mcg. A request was received for Vicoprofen 7.5/200mg qty 120. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 08/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 91-92.

Decision rationale: The request for Vicoprofen 7.5/200 mg #120 is not medically necessary. The California Guidelines recommend Hydrocodone/Ibuprofen (Vicoprofen) for short term use only, generally less than ten days. The dosage should be 1 tablet every 4-6 hours as needed for pain. The treatment plan in the clinical notes indicates that the injured worker was to take Vicoprofen 7.5/200mg one tab by mouth, 4 times a day. This dosage indication would satisfy the dosing requirement set by the guidelines. Be that as it may, the request states a quantity of 120 tabs which exceeds the recommended short term use of 10 days or less. 120 tabs would last approximately 30 days. This quantity would not be supported by the guidelines. Consequently, due to the requisition of 120 tabs the request is not supported. Therefore, the request for Vicoprofen 7.5/200mg # 120 is not medically necessary.