

Case Number:	CM14-0073975		
Date Assigned:	07/16/2014	Date of Injury:	01/16/2007
Decision Date:	09/11/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/21/2014

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 Orthopedic Surgery 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 62-year-old female with a reported date of injury on 01/16/2007. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include thoracic region sprain, neck sprain/strain, and chronic pain syndrome. Her previous treatments were noted to include medications. The progress note dated 02/20/2014 revealed the injured worker reported her pain as 10/10 and stated the medications decreased her pain, allowed for activity, and had no side effects. The physical examination of the neck revealed decreased, painful range of motion and hypersensitivity to light touch. The progress note date 04/04/2014 revealed the injured worker complained of neck/back pain rated 6/10, described as constant, aching, burning, and worse with activity. The injured worker complained of stiffness, numbness, and depression. The physical examination to the neck revealed decreased, painful range of motion with tenderness to palpation. The request for authorization form dated 04/10/2014 was for Vicoprofen 7.5/300mg, #30 with 1 refill for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200MG, 30 count with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Opioids Page(s): 34, page 34 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The request for Vicoprofen 7.5/200 mg #30 count with 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 10/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical with the use of medications. The injured worker indicated she had the ability to function with the use of medications. The injured worker indicated she had no side effects. The most recent drug screening performed 11/22/2013 was consistent with therapy. Therefore, despite the increased function, absence of adverse effects, and consistent urine drug screens, without evidence of decreased pain on a numerical scale with the use of medications, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.