

<b>Case Number:</b>	CM14-0074982		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Nevada. 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 37-year-old gentleman who was reportedly injured on March 18, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 22, 2014, indicates that there are ongoing complaints of low back pain, and left wrist pain. Current medications include Vicoprofen. The physical examination on this date revealed decreased range of motion of the lumbar spine as well as spinal tenderness. There was a positive Kemp's test and a positive straight leg raise test. The left wrist examination revealed no range of motion of the left wrist. There was tenderness and hypersensitivity. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown a request was made for Vicoprofen and was denied in the pre-authorization process on May 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen tab-Hydrocodone bitrtrate ibuprofen QTY:45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Vicoprofen is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Vicoprofen is not medically necessary and appropriate.