

Case Number:	CM14-0084199		
Date Assigned:	09/25/2014	Date of Injury:	07/12/2002
Decision Date:	10/30/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/05/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 12, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; sacroiliac joint injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated May 16, 2014, the claims administrator denied a request for Vicoprofen and topical Terocin. The applicant's attorney subsequently appealed. On July 8, 2014, the applicant reported persistent complaints of low back pain status post SI joint injection therapy. The applicant was reportedly using Vicoprofen and Terocin, it was noted. The applicant was reporting derivative complaints of sleep disturbance. The applicant was apparently using Ambien for the same. The applicant's medication list included Ambien, Vicoprofen, Prilosec, Lipitor, and topical Terocin patches. The attending provider stated that the applicant's ability to perform activities of daily living was reportedly ameliorated with ongoing medication usage, but acknowledged, in another section of the report, that the applicant continued to have significant pain and disability associated with his chronic pain concerns. The applicant was not working, it was acknowledged, having taken some medical disability retirement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg #240, half to one tablet every 3-4 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. While the attending provider has reported that the applicant is benefitting from the medications in question, including Vicoprofen, the attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Vicoprofen usage. The attending provider's commentary to the fact that the applicant continues to have significant pain and disability implies that ongoing usage of Vicoprofen has not, in short, proven beneficial. Therefore, Vicoprofen 7.5/200mg #240 is not medically necessary.