

<b>Case Number:</b>	CM14-0085659		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/04/2005
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 62-year-old male who reported an injury on 04/04/2005. The mechanism of injury was not provided within the review. The injured worker's diagnoses were noted to be low back pain, fibromyalgia, and myositis, and chronic pain syndrome. Treatments were noted to be medication and a home exercise program. The injured worker had a clinical evaluation on 02/05/2014. Her subjective complaints were low backache, right hip pain, and left knee pain. He described his pain as sharp, aching, burning, electric, and shooting. He rated his pain a 6/10. The injured worker reported continued functional benefit with use of Norco, Vicoprofen and Skelaxin. The objective findings just state unchanged. In addition, it states that the patient's examination is unchanged from the previous visit. The treatment plan is to continue with current medications; Norco, Skelaxin, and Vicoprofen without change. Pain medications will be refilled and a follow up appointment will be in 4 to 6 weeks. The provider's rationale was noted within the treatment plan. A request for authorization form was not provided with the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen 7.5/200mg #120 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Ibuprofen Page(s): 92.

**Decision rationale:** The request for Vicoprofen 7.5/200 mg, quantity of 120 with 5 refills, is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines state Vicoprofen is recommended for short-term use only. The guidelines recommend generally less than 10 days. The injured worker does not have any documentation of successful treatment with Vicoprofen. The request for Vicoprofen 120 with 5 refills is in excess of the guidelines' recommendations for less than 10 days of therapy. In addition, the provider failed to indicate a dosage frequency for the request. As such, the request for Vicoprofen 7.5/200 mg, quantity 120 with 5 refills, is not medically necessary.