

Case Number:	CM14-0179730		
Date Assigned:	11/04/2014	Date of Injury:	12/09/2006
Decision Date:	01/02/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/29/2014

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 61-year-old man with a date of injury of 12/9/06. The patient is being treated for chronic low back pain. Physical examination demonstrates decreased lumbar range of motion, positive left sitting straight leg raise test, impaired right knee extension and normal lower limb motor exam. Treatment diagnoses include chronic low back pain secondary to L5-S1 discs degeneration, T12 compression fracture, left shoulder impingement, left thumb degenerative joint disease and a history of left carpal tunnel release. On 10/8/14 request is made for Vicoprofen 7.5/200 mg #270.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200 mg, #270: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines hydrocodone/ibuprofen Page(s): 92.

Decision rationale: The injured worker is being treated for chronic low back pain. According to provided documentation, he has been on a stable dose of hydrocodone/ibuprofen. MTUS

guidelines recommend Vicoprofen for short-term use only (generally less than 10 days) with a maximum dose of 5 tablets per day. The request as written for 270 tablets of Vicoprofen exceeds MTUS guidelines is therefore not medically necessary.