

Case Number:	CM14-0180737		
Date Assigned:	11/05/2014	Date of Injury:	09/14/1999
Decision Date:	01/23/2015	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/30/2014

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 an employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 14, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 11, 2014, the claims administrator failed to approve a request for Vicoprofen. The claims administrator referenced an August 29, 2014 office visit in its denial. The applicant's attorney subsequently appealed. In a September 27, 2011 permanent and stationary report, the applicant reported ongoing complaints of low back pain secondary to an L5-S1 disk herniation. The applicant was described as a qualified injured worker and apparently not working with previously imposed permanent limitations. In an August 29, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant stated that his pain complaints had worsened of late. The applicant was using Voltaren and an unspecified topical compounded cream. Tenderness and limited lumbar range of motion were appreciated. Voltaren gel, lumbar MRI, and new TENS unit were sought. The applicant's complete medication list was not attached. On January 16, 2014, the applicant again reported ongoing complaints of low back pain radiating to the left leg. The applicant again stated that his low back pain had gotten progressively worse over the preceding several months. In a prescription form dated May 7, 2014, the applicant was given prescriptions for Cyclobenzaprine, Vicoprofen, Neurontin, and Prilosec. There was no mention of medication efficacy. There was no mention as to whether the medication requests were first-time request or renewal request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Vicoprofen usage. An earlier permanent and stationary report of September 27, 2001 suggested that the applicant was not working as of that point in time. The attending provider apparently refilled Vicoprofen on several points in 2014, without any explicit discussion of medication efficacy. Progress notes of August 29, 2014 and January 16, 2014, referenced above, failed to contain any discussion of medication efficacy insofar as Vicoprofen or other analgesic agents were concerned. Therefore, the request is not medically necessary.