

<b>Case Number:</b>	CM14-0189588		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	08/26/2001
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 50 year old female who was injured at work on 08/26/2001. She is reported to be complaining of low back pain that improves with medications. The physical examination revealed right sided antalgic gait, limited range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar region. The worker has been diagnosed of Lumbar spinal stenosis. Treatments have included Vicodin, Vicoprofen, omeprazole, Epidural steroid injections, aquatic therapy. At dispute is the request for Vicoprofen (Hydrocodone Bitartrate Ibuprofen) for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen (Hydrocodone Bitartrate Ibuprofen) for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone.Ibuprofen; Physical Medicine Page(s): 22, 74, and 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** The injured worker sustained a work related injury on 08/26/2001. The medical records provided indicate the diagnosis of Lumbar spinal stenosis. Treatments have included Vicodin, Vicoprofen, omeprazole, Epidural steroid injections, aquatic therapy.The

medical records provided for review do not indicate a medical necessity for Vicoprofen (Hydrocodone Bitartrate Ibuprofen) for the lumbar spine. The records indicate she was on Vicodin in 03/14 when it was replaced with Vioprofen. She remained on this medication till the 09/14 visit when the request was disputed. The records also indicate she continued to experience pain while on this medication. The report did not provide evidence of functional improvement. The MTUS recommends discontinuing the use of opioids if there is no overall improvement in function, unless there are extenuating circumstances. Also, the MTUS state there is lack of evidence to support the use of opioids for chronic back pain beyond 14 weeks. Therefore, the requested treatment is not medically necessary and appropriate.