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| Case Number: | CM14-0191013 | | |
| Date Assigned: | 11/24/2014 | Date of Injury: | 02/11/2010 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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 Family Practice and is licensed to practice in Florida. 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 patient is a 45-year-old female who sustained a work related injury on 2/11/2010. The mechanism of injury described is lifting a heavy object as a marine mammal assistant trainer. She sustained a low back injury as a result. A 3/1/2010 MRI showed a left paracentral disc protrusion at L4-L5 with moderate constriction of the left L5 nerve root. Prior treatment has included trigger point injections, acupuncture, and medications. A recent physical exam on 9/24/14 noted tenderness and spasm at the paraspinal region and a positive straight leg raise. Motor exam was stated to be normal. A request was made and declined by utilization review for continued use of Vicoprofen. Likewise, an Independent Medical Review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5-200 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has

improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no evidence of improved pain or functioning with the requested medication in the documentation that has been provided. There is also no evidence of a pain management contract or of urine drug screens having been performed. Likewise, this request for Vicoprofen is not medically necessary.