

<b>Case Number:</b>	CM14-0206730		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 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:

39-year-old male claimant sustained a work injury on March 18, 2013 involving the lower back and left arm. He was diagnosed with lumbar strain, left arm laceration, right wrist strain and left hand arthrofibrosis. He had undergone neurolysis and tenolysis of the flexor ulnaris tendon in June 2014. He was undergoing chiropractic treatments. A progress note on August 29, 2014 indicated the claimant had 7/10 left wrist pain. He had 3/10 low back pain. Exam findings were notable for tenderness in the lumbar spine over the midline and paraspinal region. There was decreased range of motion in the lumbar spine as well as decreased sensation in the L4 dermatomes. The physician requested continued use of Vicoprofen as well as topical analgesics. A Progress note on October 28, 2014 indicated similar pain levels. Exam findings show significant decrease range of motion of the left wrist. The lumbar spine examination was similar as of August. The claimant remained on Vicoprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 and 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and NSAIDs Page(s): 67 and 82-92.

**Decision rationale:** Vicoprofen contains Hydrocodone and Ibuprofen, Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months without significant improvement in pain or function. The continued use of Hydrocodone is not medically necessary. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Vicoprofen for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of is not medically necessary. Based on the above, Vicoprofen is not medically necessary.