

<b>Case Number:</b>	CM14-0208758		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/11/2010
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 45 year old female with the injury date of 02/11/10. The physician's one report 06/24/14 has little information about the patient's pain, condition, medical history, treatment history, etc. The patient has chronic low back pain, radiating down her legs bilaterally. The patient presents limited range of lumbar motion. Her lumbar flexion is 45 degrees, extension is 10 degrees, and lateral bending is 15 degrees bilaterally. SLR is positive bilaterally at 50 degrees. Motor examination is normal in all major muscle groups of the lower extremities. The utilization review determination being challenged is dated on 12/05/14. One treatment report was provided on 06/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug Formulary, specifically discusses Hydrocodone/Ibuprofen (Vicoprofen®)

**Decision rationale:** The patient presents with pain and weakness in her lower back and legs. The request is for Vicoprofen 7.5mg #60. Per the utilization review letter 12/05/14, the patient has been utilizing Vicoprofen since 06/24/14. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. ODG, under Drug Formulary, specifically discusses Hydrocodone/Ibuprofen (Vicoprofen) and "Recommended for short term use only. This combination opioid/NSAID has a low dose of ibuprofen (200mg) that is below the normal adult dose of 400 to 800 mg per dose and total max daily dose of 2400mg. Vicoprofen was approved only based on single dose, post-op pain and is approved to treat acute pain for generally less than 10 days. It may be considered an option for use at the time of injury, but the fixed dose of hydrocodone 7.5mg/ibuprofen 200mg and the maximum approved dose of 5 tablets daily may limit acute pain relief. Prescribing information also stresses that this product is not indicated for treating conditions such as rheumatoid arthritis or osteoarthritis. (Vicoprofen prescribing information) In addition, there is also a cost difference between the generic Vicodin (approx \$0.35/tab) and generic Vicoprofen (\$1.04/tab)." In this case, the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Furthermore, ODG does not support Vicoprofen for long term use. The patient has been utilizing this medication since at least 06/24/14. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Vicoprofen #60 is not medically necessary.