

Case Number:	CM15-0103334		
Date Assigned:	06/05/2015	Date of Injury:	08/30/2006
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58-year-old female patient, who sustained an industrial injury on 08/30/2006. She has reported subsequent neck, low back, right shoulder, bilateral knee and head pain and was diagnosed with degenerative disc disease of the cervical and lumbar spine, right shoulder adhesive capsulitis, persistent headaches, chronic pain and bilateral knee chondromalacia of the patella/ degenerative joint disease. Per the doctor's note dated 5/6/2015, she had complaints of bilateral knee pain. The physical examination revealed right knee- tenderness, range of motion 0 to 130 degrees; left knee- tenderness, PROM- 0 to 130 degrees; positive patellar grind test. Per the progress note dated 04/14/2015, she had complaints of increased neck, right lower extremity, bilateral knee and low back pain as well as headaches. The physical examination revealed a mildly antalgic gait, tenderness to palpation of the bilateral upper trapezius, pain with cervical facet loading bilaterally, decreased cervical range of motion, decreased sensation in the right C5, C6 and C8 dermatomes, tenderness to palpation of the lumbar paraspinals, decreased range of motion of the lumbar spine and decreased sensation of the right L5 and S1 dermatomes. The medications list includes vicodin, prilosec, aleve OTC, tylenol, ondansetron, xanax, wellbutrin and lidoderm patches. The physician noted that she reported taking too much Advil, Aleve or Tylenol and wanted to go back on Vicoprofen as this had helped to decrease pain by about 50% for 8 hours. Treatment to date has included oral and topical pain medication, chiropractic treatment, acupuncture, physical therapy and a home exercise program. A request for authorization of Vicoprofen, Lidoderm patches 5% and urine drug screen was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Hydrocodone/ Ibuprofen (Vicoprofen ½).

Decision rationale: Vicoprofen 7.5/200 MG #60 Vicoprofen contains hydrocodone and ibuprofen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to lower potency opioid (tramadol) is not specified in the records provided. In addition, per the cited guidelines vicoprofen is 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)"A previous urine drug screen report is not specified in the records provided. The rationale for using the combination of the hydrocodone and the ibuprofen in one tablet was not specified in the records provided. With this, it is deemed that this patient does not meet criteria for use of opioids analgesic. The medical necessity of Vicoprofen 7.5/200 MG #60 is not medically necessary for this patient at this time.

Lidoderm Patches 5 Percent: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113 Lidoderm (lidocaine patch) page 56-57.

Decision rationale: Lidoderm Patches 5%. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines Topical lidocaine may be recommended for localized peripheral pain after there

has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm Patches 5 Percent is not medically necessary for this patient.

UDS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43.

Decision rationale: UDS Per the CA MTUS guideline cited above, drug testing is Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The medications list includes vicodin, prilosec, aleve OTC, tylenol, ondansetron, xanax, wellbutrin and lidoderm patches. Vicodin is an opioid. Xanax is a controlled substance. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to the pt earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for a UDS is medically appropriate and necessary for this patient at this juncture.