

<b>Case Number:</b>	CM15-0108600		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	01/08/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 45-year-old female who sustained an industrial injury on 01/08/2012. Treatment provided to date has included: physical therapy (6), epidural steroid injections, medications, psychological therapy, and conservative therapies/care. Diagnostic tests performed include: electrodiagnostic testing of the lower extremities (04/08/2013) showing active right S1 radiculopathy, and MRI of the lumbar spine (06/28/2012) showing a 7mm right posterior disc herniation laterally displacing the right S1 nerve root in the right L5-S1 lateral recess. Other noted dates of injury documented in the medical record include: 01/10/2001 and 02/13/2001. There were no noted comorbidities. On 02/18/2015, physician progress report noted complaints of low back pain with muscle spasms. Pain is rated as 8 (0-10) and described as the same or possibly worsening with radiating pain into the lower extremities resulting in numbness and tingling; a hot burning sensation in the soles of the feet; bilateral thigh numbness with electrical shooting pain in both legs making it difficult to drive; stiffness and numbness in the right lower extremity; and complete numbness in the left big toe. Additional complaints include difficulty sleeping, anxiety and depression. The injured worker's current medications consist of Vicoprofen, naproxen, and omeprazole, which the injured worker had been taking for several months. The physical exam revealed guarding and muscle spasms in the lumbar spine, restricted range of motion (ROM) in the lumbar spine, tenderness to palpation in the bilateral para-vertebral musculature of the lumbar spine, positive straight leg raises on the right, decreased sensation to light touch at the right lateral leg, and positive Bechteren reproducing radiculopathy pain. The provider noted diagnoses of chronic low back pain with a 7mm disc protrusion,

radiculopathy in the lower extremities, anxiety, depression and insomnia. Plan of care includes continued Vicoprofen, omeprazole, and naproxen. The injured worker's work status temporarily totally disabled. Requested treatments include Vicoprofen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Vicoprofen 7.5/200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Ibuprofen (Vicoprofen; generic available); NSAIDS; Ongoing management Page(s): 92; 68; 78-80.

**Decision rationale:** Vicoprofen 7.5/200mg #60 is not medically necessary per the MTUS guidelines. The MTUS does not support ongoing opioid use without improvement in function or pain. The guidelines recommend Vicoprofen for short-term use only (generally less than 10 days.) The patient continues to have no significant objective functional improvement or decrease in pain levels while on this medication and has been using it dating back to at least December of 2014 (which exceeds the 10 day limit of recommended use) therefore the request for Vicoprofen 7.5/200mg is not medically necessary.