

Case Number:	CM15-0131009		
Date Assigned:	07/17/2015	Date of Injury:	03/11/2004
Decision Date:	08/19/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 61-year-old female, with a reported date of injury of 03/11/2004. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated in the medical records. The diagnoses include lumbar herniated nucleus pulposus. Treatments and evaluation to date have included a lumbar epidural steroid injection on 01/02/2015. The diagnostic studies to date were not indicated in the medical records. The medical report dated 01/22/2015 indicates that the injured worker had some increasing pain in the back, which radiated into both legs. She stated that she could not stand or walk more than 5 minutes before having to sit down because of the pain. An examination showed tenderness through the paralumbar area with some spasm, severely limited active voluntary range of motion of the thoracolumbar spine, forward flexion to 20 degrees, extension to 5-10 degrees with pain, significantly limited lateral bending to 5 degrees with pain, moderate positive bilateral straight leg raise test, some weakness of the left quad, normal motor testing, and diminished and symmetrical reflexes. It was noted that the injured worker had severe segmental breakdown above her old fusion. The injured worker's work status was not indicated. The treating physician requested Vicodin 7.5/200mg #120 (dates of service: 05/20/2015, 06/20/2015, and 07/20/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg #120 (5/20/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Vicoprofen (Hydrocodone/ Ibuprofen).

Decision rationale: Vicoprofen (Hydrocodone/ Ibuprofen) is a short-acting opioid analgesic. It 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. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is documentation of subjective functional improvement but no objective functional benefits such as return to work, indicating efficacy according to guidelines. In addition, there is no documentation of how long the injured worker had been taking Vicoprofen. The medical necessity for the requested Vicoprofen 7.5/200mg #120 (date of service: 05/20/2015) was not established. The requested medication was not medically necessary.

Vicoprofen 7.5/200mg #120 (6/20/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Vicoprofen (Hydrocodone/ Ibuprofen) is a short-acting opioid analgesic. It 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. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is documentation of subjective functional improvement but no objective functional benefits such as return to work, indicating efficacy according to guidelines. In addition, there is no documentation of how long the injured worker had been taking Vicoprofen. The medical necessity for the requested Vicoprofen 7.5/200mg

#120 (date of service: 06/20/2015) was not established. The requested medication was not medically necessary.

Vicoprofen 7.5/200mg #120 (7/20/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Vicoprofen (Hydrocodone/ Ibuprofen) is a short-acting opioid analgesic. It 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. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is documentation of subjective functional improvement but no objective functional benefits such as return to work, indicating efficacy according to guidelines. In addition, there is no documentation of how long the injured worker had been taking Vicoprofen. The medical necessity for the requested Vicoprofen 7.5/200mg #120 (date of service: 07/20/2015) was not established. The requested medication was not medically necessary.