

<b>Case Number:</b>	CM15-0137552		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	06/22/2003
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Internal 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 57 year old female who sustained an industrial injury on 06-22-2003. Mechanism of injury was not provided. Treatment provided to date has included: 2 cervical surgeries; physical therapy; cervical injections and blockades; acupuncture; chiropractic treatments; psychological therapy; massage therapy; previous medications (Duragesic patches, oxycodone, Ativan, Imipramine, Trazodone and Nexium); and conservative therapies and care. Diagnostic tests performed include: x-rays of the cervical spine (2013) showing post-operative changes of fusion at C6-7 with no instability, moderate to severe degenerative disc disease at C5-6 with mild facet arthropathy, mild facet arthropathy at C7-T1, and no acute osseous abnormality. There were no noted comorbidities or other dates of injury noted. On 07-08-2015, physician progress report noted complaints of intermittent neck pain rated 6 out of 10 in severity; constant headaches rated 5 out of 10; and right shoulder and arm pain rated 6 out of 10. Pain was described as sharp, achy and electrical shock. Previous pain ratings (per PR dated 05-18-2015) included neck at 5 out of 10, headaches at 6-8 out of 10, and right upper extremity rated 6 out of 10. Additional complaints included falls and clumsiness, frequent urination, swelling of joints, trouble sleeping, depression and anxiety, cough and recent cold or flu. Current medications include medical marijuana, Lyrica, Cymbalta, Butrans patch, ibuprofen, and Vicoprofen. The physical exam revealed straightened cervical lordosis. No other abnormalities were mentioned on this exam. The provider noted diagnoses of cervical radiculopathy secondary to cervical discopathy and status post failed cervical surgery times 2, right upper extremity chronic regional pain syndrome, insomnia, and adjustment disorder with depressed mood. Plan of care includes

follow-up in 9 weeks (every 2 months thereafter), medical marijuana indicated and encouraged, continued home exercise program, acupuncture as needed for depressed mood, psychological therapy as needed, continued current medications (Lyrica 75mg one twice daily for 3 months with one refill, Cymbalta 60mg 2 every morning for pain and depressed mood with mail order refills, ibuprofen 600mg daily, Butrans patch 15mcg per hour every 7 days #4 with one refill, and Vicoprofen 7.5-200mg tablets one every 4 hours as needed #30 for dental pain), and new x-rays of the cervical spine. The injured worker was counseled on medications and instructed to monitor for return of dyspepsia (upset stomach) and blood in stool. The injured worker's work status was noted as "not working", and it was stated that the injured worker had not worked since 2005. The request for authorization and IMR (independent medical review) includes: retrospective request for ibuprofen (with dated of service (DOS) 12-03-2014); retrospective request for Butrans (filled 27 times between 05-07-2013 and 06-03-2015); retrospective Lyrica (filled 10 times between 08-06-2013 and 03-23-2015), retrospective Cymbalta (filled 13 times between 10-22-2013 and 01-02-2015), ibuprofen with 2 refills, Butrans with 2 refills, Lyrica with 2 refills, Cymbalta with 2 refills, and Vicoprofen with 2 refills.

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

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

**Retrospective Ibuprofen DOS: 12/03/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-73.

**Decision rationale:** Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) used to treat mild to moderate pain and osteoarthritis. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The MTUS recommends NSAIDs as the first line of treatment to reduce pain so the activity and functional restoration can resume or improve, but is not recommended as a long-term treatment option. Regarding the retrospective request (dated 12-03-2014) for ibuprofen, the medical records show that the injured worker has been taking ibuprofen for several years (since 06-2012) with insufficient evidence of functional improvement, decreased pain, increased activity levels, or reduction in dependency on medical services. It is also noted that the injured worker has reported gastrointestinal discomfort, which is a side effect of NSAID use (especially long-term use). Based on these findings, we have determined that the requested ibuprofen 600mg dated 12-03-2014 is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

**Retrospective Butrans DOS: 5/07/2013-6/03/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine and Opioids Page(s): 26-27, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter; Buprenorphine for chronic pain.

**Decision rationale:** Buprenorphine (Butrans) is a narcotic analgesic (opioid) for moderate to severe chronic pain. According to the MTUS, Butrans is recommended for the treatment of opiate addiction and an option for chronic pain especially after detoxification in those patient who have had a history of opiate addiction. The MTUS also states: "buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent anti-hyperalgesic effect (partially due to the effect at the kappa-receptor). The ODG recommends Butrans as an option for treatment of chronic pain in selected patients but not as a first-line in all patients. Suggested patients include: "(1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids". Butrans patches have been FDA-approved for moderate to severe chronic pain. In regards to initiating and changing opioid therapy, the MTUS recommends: 1) start with a short acting opioid with one medication at a time for intermittent pain; 2) extended- release opioids for continuous pain; 3) change only one medication at a time; 4) prophylactic treatment for constipation; and 5) if partial analgesic in not obtained, opioids should be discontinued. For ongoing management of chronic pain with opioid therapy, the MTUS recommends: 1) prescriptions should be from a single practitioner and pharmacy; 2) the lowest possible dose should be prescribed to improve pain and function; 3) pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts; 4) the patient should be encouraged to keep a pain diary to help aide in assessing pain and function in regards to ongoing opioid therapy; 4) use of drug screening to access for compliance or misuse; 5) continuing review of the patient overall status in regards to non-opioid pain control; and 6) consultation with a multidisciplinary pain clinic when doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends the discontinuation of opioids when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. In regards to the retrospective request for Butrans patches (dated 05-07-2013, 06-04-2013, 07-02-2013, 07-29-2013, 08-23-2013, 09-23-2013, 10-21-2013, 11-18-2013, 12-16-2013, 01-07-2014, 02-07-2014, 02-27-2014, 03-25-2014, 04-28-2014, 05-27-2014, 06-26-2014, 07-23-2014, 08-20-2014, 09-22-2014, 10-15-2014, 11-13-2014, 12-09-2014, 01-06-2015, 03-07-2015, 04-06-2015 and 05-04-2015, the progress report (dated 05/03/2013) states that the injured worker has been using Duragesic Mylan brand patches, as well as multiple other

opioid drugs, for more than a year with little to no improvement in pain and function. As such, the injured worker was prescribed Butrans patches in replacement of the Duragesic patches. The report states that urine drug screenings have been "ok" to date, and that there was a Medication Management Agreement (dated 06-21-2012) on file. This medication management agreement was not available for review. It was also reported that there were no current signs of abuse, misuse, addiction or debilitating side effects of medications. Further reports from 07-29-2013 through 07-08-2015 fail to document: 1) the least reported pain over the period since last assessment; 2) intensity of pain after taking the opioid; 3) how long it takes for pain relief; 4) how long pain relief lasts; 5) improvement in pain; 6) improvement in function; and 7) prescriptions from a single pharmacy. As such, the retrospective request for Butrans patches filled 27 times from 05-07-2013 to 05-04-2015 is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

**Retrospective Lyrica DOS: 8/06/2013-3/23/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain and Pregabalin (Lyrica) Page(s): 13-22, 99.

**Decision rationale:** Lyrica is an Anti-Epilepsy drug (AED) used to treat diabetic painful neuropathy and postherpetic neuralgia. According to California MTUS Guidelines, AEDs are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. The MTUS states; "A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. A lack of response of this magnitude may indicate the need for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails." In regards to the retrospective request for Lyrica (dated 08-06-2013, 09-23-2013, 11-18-2013, 12-23-2013, 02-23-2014, 02-25-2015, 06-18-2014, 08-12-2014, 12-05-2014 and 03-23-2015), the injured worker has been taking Lyrica, in addition to narcotic analgesics, for several years (since 06-2012) with no significant measurable improvement in pain or function documented with the addition of Lyrica. Without evidence of improvement, the guidelines recommend changing to a different first-line agent (TCA, SNRI or AED) or a combination of therapy. Additionally, there was not specified quantity noted for this medication; for that reason, this is an invalid request. Medical necessity for Lyrica has not been established. Therefore, the retrospective request for Lyrica filled 10 times from 08-06-2013 through 03-23-2015 is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

**Retrospective Cymbalta DOS: 10/22/2013-1/02/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** According to the MTUS in regards to Cymbalta (Duloxetine), anti-depressants are recommended as a first line option in treating neuropathic pain, and a possible choice for non-neuropathic pain. Decrease in pain generally occurs within a few days to a week. Assessment of effectiveness of the treatment should include not just pain conclusions, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Duloxetine is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, but used off-label for neuropathic pain and radiculopathy. Although Duloxetine is recommended as a first-line option for diabetic neuropathy; there is insufficient evidence to support the use of Duloxetine for lumbar radiculopathy with more studies needed to determine the efficacy of Duloxetine for other types of neuropathic pain. Side effects include: central nervous system symptoms of dizziness, fatigue, somnolence, drowsiness, anxiety and insomnia, gastrointestinal symptoms, and weight loss. In regards to the retrospective request for Cymbalta (dated 10-22-2013, 11-24-2013, 12-23-2013, 01-22-2013, 02-20-2014, 03-21-2014, 05-10-2014, 06-11-2014, 07-10-2014, 08-12-2014, 08-13-2014, 10-22-2014 and 01-02-2015), there was clear evidence in the medical records that the injured worker had been prescribed this medication for several years (since 06-2012); however, there is insufficient measurable evidence to show a decrease in pain or improvement in function with the use of this medication. Additionally, the injured worker has neck pain with radiculopathy, and this medication is not recommended for this type of neuropathic pain. Furthermore, the injured worker has had a history of gastrointestinal symptoms secondary to medications. Moreover, the request for Cymbalta did not specify a quantity, making this an invalid request. Due to the absence of specified quantity, long-term use of this medication with lack of improvement in pain levels or functional improvement, and possible side effects, medical necessity has not been established. The request for Cymbalta filled 13 times from 10-22-2013 to 01-02-2015 is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

**Ibuprofen x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-73.

**Decision rationale:** Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) used to treat mild to moderate pain and osteoarthritis. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The MTUS recommends NSAIDs as the first line of treatment to reduce pain so the activity and functional restoration can resume or improve, but is not

recommended as a long-term treatment option. Regarding the current request for ibuprofen, the medical records show that the injured worker has been taking ibuprofen for several years (since 06-2012) with insufficient evidence of functional improvement, decreased pain, increased activity levels, or reduction in dependency on medical services. It is also noted that the injured worker has reported gastrointestinal discomfort, which is a side effect of NSAID use (especially long-term use). Based on these findings, we have determined that the requested treatment Ibuprofen x 2 refills is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

**Butrans x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine and Opioids Page(s): 26-27, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter; Buprenorphine for chronic pain.

**Decision rationale:** Buprenorphine (Butrans) is a narcotic analgesic (opioid) for moderate to severe chronic pain. According to the MTUS, Butrans is recommended for the treatment of opiate addiction and an option for chronic pain especially after detoxification in those patients who have had a history of opiate addiction. The MTUS also states: "buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent anti-hyperalgesic effect (partially due to the effect at the kappa-receptor). The ODG recommends Butrans as an option for treatment of chronic pain in selected patients but not as a first-line in all patients. Suggested patients include: "(1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids". Butrans patches have been FDA-approved for moderate to severe chronic pain. In regards to opioid therapy, the MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. For ongoing management of chronic pain with opioid therapy, the MTUS recommends: 1) prescriptions should be from a single practitioner and pharmacy; 2) the lowest possible dose should be prescribed to improve pain and function; 3) pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts; 4) the patient should be encouraged to keep a pain diary to help aide in assessing pain and function in regards to ongoing opioid therapy; 4) use of drug screening to access for compliance or misuse; 5) continuing review of the patient overall status in regards to non-opioid pain control; and 6) consultation with a multidisciplinary pain clinic when doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased

level of function, or improved quality of life." The MTUS also recommends the discontinuation of opioids when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. In regards to the current request for Butrans patches, the progress reports show that the injured worker had been prescribed Butrans patches for several years (since 05-2013). The progress reports demonstrate that the treating physician does not document: 1) the least reported pain over the period since last assessment; 2) intensity of pain after taking the opioid; 3) how long it takes for pain relief; 4) how long pain relief lasts; 5) improvement in pain; or 6) improvement in function. As such, the requested treatment: Butrans x 2 refills is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

**Lyrica x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain and Pregabalin (Lyrica) Page(s): 13-20, 99.

**Decision rationale:** Lyrica is an Anti-Epilepsy drug (AED) used to treat diabetic painful neuropathy and postherpetic neuralgia. According to California MTUS Guidelines, AEDs are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. The MTUS states; "A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. A lack of response of this magnitude may indicate the need for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails." In regards to the current request for Lyrica, the injured worker has been taking Lyrica, in addition to narcotic analgesics, for several years (since 06-2012) with no significant measurable improvement in pain or function documented with the addition of Lyrica. Without evidence of improvement, the guidelines recommend changing to a different first-line agent (TCA, SNRI or AED) or a combination of therapy. Additionally, there was not specified quantity noted for this medication; for that reason, this is an invalid request. Medical necessity for Lyrica has not been established. Therefore, the requested treatment Lyrica x 2 refills is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

**Cymbalta x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** According to the MTUS in regards to Cymbalta (Duloxetine), anti-depressants are recommended as a first line option in treating neuropathic pain, and a possible choice for non-neuropathic pain. Decrease in pain generally occurs within a few days to a week. Assessment of effectiveness of the treatment should include not just pain conclusions, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Duloxetine is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, but used off-label for neuropathic pain and radiculopathy. Although Duloxetine is recommended as a first-line option for diabetic neuropathy; there is insufficient evidence to support the use of Duloxetine for lumbar radiculopathy with more studies needed to determine the efficacy of Duloxetine for other types of neuropathic pain. Side effects include: central nervous system symptoms of dizziness, fatigue, somnolence, drowsiness, anxiety and insomnia, gastrointestinal symptoms, and weight loss. In regards to the current request for Cymbalta, there was clear evidence in the medical records that the injured worker had been prescribed this medication for several years (since 06-2012); however, there is insufficient measurable evidence to show a decrease in pain or improvement in function with the use of this medication. Additionally, the injured worker has neck pain with radiculopathy, and this medication is not recommended for this type of neuropathic pain. Furthermore, the injured worker has had a history of gastrointestinal symptoms secondary to medications. Moreover, the request for Cymbalta did not specify a quantity, making this an invalid request. Due to the absence of specified quantity, long-term use of this medication with lack of improvement in pain levels or functional improvement, and possible side effects, medical necessity has not been established. The requested treatment: Cymbalta x 2 refills is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

**Vicoprofen x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**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) Pain (chronic) Chapter; Hydrocodone/ Ibuprofen (Vicoprofen®).

**Decision rationale:** Vicoprofen (Hydrocodone/ibuprofen) is a combination of a narcotic pain reliever and a nonsteroidal anti-inflammatory medicine (NSAID). According to the MTUS, this medication is recommended for short-term use only (generally less than 10 days) with a maximum dose of 5 tablets per day. The ODG also states that this medication is recommended for short-term use only. Additionally, the ODG states: "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". In this case, the injured worker was prescribed Vicoprofen on 05-18-2015 for dental pain. However, there were no reports of dental pain on this progress report or later report and no diagnoses regarding dental disorders.

Additionally, the MTUS and ODG state that Vicoprofen is recommended for short-term use only (10 days or less), post-op pain, and no more than 5 tablets per day. The injured worker has been prescribed this medication for more than 2 months with more than 5 per day suggested (one every 4 hours as needed). This exceeds the recommended daily allowance and the short-term recommendation. Additionally, there was no recent surgery or planned surgery. As such, the requested treatment: Vicoprofen x 2 refills is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.