

<b>Case Number:</b>	CM15-0138166		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	04/20/1998
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 male, who sustained an industrial injury on April 20, 1998. The injured worker sustained a crush injury to his chest at a weight of 15,000 pounds causing injury to the neck, thoracic spine, intrascapular region that radiates to the shoulders, and anoxic brain injury affecting speech, cognition, depression, anxiety, headaches, and decreased motor skills. The injured worker was diagnosed as having renal calculi status post lithotripsy, status post bilateral shoulder surgeries, status post right shoulder replacement surgery, status post right shoulder tendon repair, status post bilateral knee surgeries times three, spasm of muscle, displacement of cervical intervertebral disc without myelopathy, and other specified disorders of the bursae and tendons in the shoulder. Treatment and diagnostic studies to date has included trigger point injections, chiropractic therapy, medication regimen, physical therapy, cervical epidural steroid injection, occupational therapy, magnetic resonance imaging of the cervical spine, and above noted procedures. In a progress note dated June 8, 2015 the treating physician reports complaints of posterior neck pain and an increase in left upper extremity tremors. Examination reveals decreased range of motion to the neck with pain, tenderness at the cervical facets, sensory deficits at cervical six to thoracic one dermatomes, decreased grip strength bilaterally with the left greater than the right, positive taut band to the bilateral splenius capitis muscle with radiation, slow, unsteady gait, poor motor control and strength to the bilateral upper extremities, and intention tremor to the left upper extremity. The injured worker's medication regimen included Vicoprofen, Ambien CR, Clonazepam, Verapamil, Hydrochlorothiazide, and Ibuprofen. The injured worker's pain level was rated a 5.5 out of 10. The treating physician

noted that with use of Vicoprofen the injured worker has 50 to 60% relief of pain and allows the injured worker to be active, however when the injured worker decreases the amount of Vicoprofen used he has a decrease in his activity level and function along with the injured worker noting to be bedridden. The treating physician requested Vicoprofen 7.5mg with a quantity of 150 noting current use of this medication.

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

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

**Vicoprofen 7.5mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 73-96.

**Decision rationale:** Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking vicoprofen 7.5 mg without evidence of significant benefit in pain or function to support long term use. The request for vicoprofen 7.5 mg is not medically appropriate and necessary.