

Case Number:	CM15-0145561		
Date Assigned:	08/06/2015	Date of Injury:	05/31/1992
Decision Date:	09/10/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 68-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 31, 1992. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for ibuprofen-hydrocodone. The claims administrator referenced a May 12, 2015 RFA form in its determination and an associated progress note of the same date. The applicant's attorney subsequently appealed. On November 11, 2013, the applicant underwent a resection of the partial 11th rib and a complete lateral retroperitoneal spinal exposure with lateral fusion at L1-L2 procedure, followed by an L1-L2 lumbar fusion procedure. On July 30, 2014, the attending provider renewed various medications using preprinted checkboxes, including Naprosyn, Vicoprofen, and Prilosec. No seeming discussion of medication efficacy transpired. On May 12, 2015, the attending provider stated that he was renewing several medications for ongoing complaints of low back pain. The attending provider stated that these medications were reducing the applicant's pain scores and improving his quality of life. This was not expounded upon, however. The applicant's medications were not discussed by name. The applicant's work status was not detailed. In a separate RFA form dated May 12, 2015, Diclofenac, Prilosec, and the Vicoprofen at issue were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen/Hydrocodone 7.5/ 200 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Ibuprofen (Vicoprofen; generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 92; 7.

Decision rationale: No, the request for ibuprofen-Hydrocodone (Vicoprofen) was not medically necessary, medically appropriate, or indicated here. As noted on page 92 of the MTUS Chronic Pain Medical Treatment Guidelines, Vicoprofen (Hydrocodone-ibuprofen) is recommended for short-term use purposes only, generally less than 10 days. Here, however, the applicant had been using Vicoprofen for what appeared to be a minimum of several months. The applicant had been using Vicoprofen as early as July 30, 2014, it was reported above, and received a renewal of the same on May 12, 2015. A clear or compelling rationale for such a protracted course of Vicoprofen (Hydrocodone-ibuprofen) in the face of the unfavorable MTUS position on the same was not furnished. It was further noted that the applicant was described as using another NSAID, oral Diclofenac, on May 12, 2015. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider failed to furnish a rationale for concomitant usage for two separate NSAIDs, namely ibuprofen-Hydrocodone (Vicoprofen) at issue and Diclofenac. Therefore, the request was not medically necessary.