

Case Number:	CM15-0160392		
Date Assigned:	08/26/2015	Date of Injury:	05/30/2008
Decision Date:	09/29/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/17/2015

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: California

Certification(s)/Specialty: Family Practice

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 38-year-old female who sustained an industrial injury on May 30, 3008 resulting in upper and lower back pain, bilateral shoulder pain, lower extremity lacerations, and pain in both of her knees. She has been diagnosed with C5-C6 disc protrusion, chronic thoracic and lumbosacral myofascial pain, right shoulder rotator cuff stretch injury, bilateral SI joint pain, bilateral trochanteric bursitis, chronic bilateral knee sprain, chronic bilateral medial epicondylitis, and, chronic chest wall pain status post trauma. Documented treatment has included physical therapy which the physician reports to have provided minimal improvement, home exercise, and medication which she uses conservatively and only during flare-ups due to concerns of side effects. The injured worker continues to present with bilateral shoulder pain with limited range of motion, and low back pain. The treating physician's plan of care includes Vicoprofen 7.5-200 mg and Tylenol No. 3 with one refill. Physician's report states she is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg #25: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Ibuprofen, Opioids, Anti-inflammatory medications Page(s): 91, 74-96, 21-22.

Decision rationale: Per the MTUS guidelines, Hydrocodone/Ibuprofen (Vicoprofen; generic available) is recommended for short term use only (generally less than 10 days). According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The medical records note that Vicoprofen has been prescribed for an extended period of time. The request for Vicoprofen is not supported. The request for Vicoprofen 7.5/200mg #25 is not medically necessary and appropriate.

Tylenol No.3 #100 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, Opioids Page(s): 34, 74-96.

Decision rationale: Per the MTUS guidelines, common effects of Tylenol with codeine include CNS depression and hypotension, the guidelines note that tolerance, as well as psychological and physical dependence may occur. The medical records note that the injured worker has been prescribed opiates for an extended period of time. The long term use of opioids is not supported as it leads to dependence and tolerance. As noted by the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006). The request for Tylenol No.3 #100 with 1 refill is not medically necessary and appropriate.