

Case Number:	CM15-0190082		
Date Assigned:	10/02/2015	Date of Injury:	04/23/2011
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, 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 30 year old female who sustained an industrial injury on 4-23-11. The medical records indicate that she is being treated for radial styloid tenosynovitis (stable); radiocarpal joint sprain (stable); sprain of elbow (stable); chronic pain syndrome (stable). She currently (8-25-15) complains of pain in the right wrist and elbow with a current pain level of 8 out of 10. She reports the least pain level was 6 out of 10 and it is this level with medication. Pain relief lasts for 2 hours. The provider in the 8-25-15 note indicates that Vicoprofen reduces pain, increases activity tolerance, there were no side effects experienced no abuse or aberrant behavior and signed a medication agreement. Her pain levels were consistent at 7-8 out of 10 from 3-3-15 through 8-25-15. She was treated with medications: (current) Vicoprofen (on this medication since at least 4-7-15 and this was restarted per 3-3-15 as Norco was not effective), Zanaflex, Motrin (past) Norco, Lidoderm patch. The request for authorization dated 8-25-15 was for Vicoprofen 7.5-200mg #25. On 9-17-15 Utilization Review non-certified the request for Vicoprofen 7.5-200mg #25.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Vicoprofen contains opioids and NSAIDS. Vicoprofen a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had been on Vicoprofen for several months with minimal change in scores .It contains the same medications as previously used Norco and Motrin- which were not effective. The continued and chronic use of Vicoprofen is not medically necessary.