

<b>Case Number:</b>	CM15-0202993		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	09/24/1996
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: California, North Carolina  
 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 61 year old male with a date of injury on 09-24-1996. The injured worker is undergoing treatment for history of cervical fusion at C3-C4 and C6-C7 in April of 1998, chronic headaches and neck pain, carpal tunnel syndrome (non-industrial), and history of right shoulder surgery. In a progress note dated 05-14-2015 the injured worker has weaned off of OxyContin 20mg 100 a month, and is off the Xanax. He is taking Vicoprofen. Without medications, his pain is rated 9 out of 10 and with Vicoprofen his pain is rated 5-6 out of 10. He can do self-personal care but his mother is now doing the cooking, cleaning and laundering. A physician note dated 06-11-2015 documents the injured workers pain is rated 10 out of 10 because he has been out of medications due to being denied. He has ongoing neck pain as well as right shoulder pain. He lives with his mother who had to help him with activities of daily living. He has not been able to do much. He has been lying in bed or on the couch. He is not walking due to pain. Physician progress notes dated 08-24-2015, and 09-21-2015 documents the injured worker is frustrated, he is not getting his medications on a consistent basis. He states he was doing better when he was on OxyContin. He is not sure he wants to go back on that but he was more functional and was able to work about 15 hours a week. Vicoprofen helps and does reduce his pain. Without meds his pain level is 10 out of 10 and with meds his pain is 7 out of 10. He can do laundry and cook, and water the lawn. He gets about 4 hours a sleep a night. He cannot work. He has significant neck pain with headaches. Vicoprofen reduces pain, but OxyContin works much better. He has no side effects and no aberrant drug seeking behavior. In February he had a negative drug screen but it was because he was out of his medications.

Treatment to date has included medications. Current medications include Klonopin (since 08-24-2015), and Vicoprofen (since 03-25-2015). The Request for Authorization dated 09-28-2015 includes Vicoprofen 7.5/200mg #120, and Klonopin 0.5mg #30. On 10-06-2015 Utilization Review non-certified the request for Klonopin 0.5mg as needed #30 and Vicoprofen 7.5mg/200mg 4 times per day #120.

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

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

#### **Vicoprofen 7.5mg/200mg 4 times per day #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The request is for Vicoprofen 7.5/200, a combination of Vicodin and Ibuprofen, taken four times daily. CA MTUS Guidelines require that for ongoing use of opioids like Vicodin, the patient must demonstrate significant pain relief, improved function and ability to return to work. In this case, there appears to be some improvement in pain, however the records do not address improvements in function or ADLs or adverse effects of the medication. The patient has not returned to work. Therefore the request for Vicoprofen does not meet the criteria for ongoing use of opioids and as such is not medically necessary or appropriate.

#### **Klonopin 0.5mg as needed #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** CA MTUS Guidelines do not support the chronic use of Benzodiazepines like Klonopin. Benzodiazepines have unproven long-term efficacy and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they can act synergistically with other drugs such as opioids as used in this case. In addition, tolerance rapidly develops with long-term use. This patient appears to be on Klonopin for anxiety, however this is not well-documented in the medical records submitted. Consideration should be given to the use of antidepressants, which are first-line agents for both neuropathic pain and anxiety without the problems of long-term benzodiazepine use. Therefore the request is not medically necessary or appropriate.