

Case Number:	CM15-0027858		
Date Assigned:	02/20/2015	Date of Injury:	02/25/2010
Decision Date:	04/06/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/13/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 49 year old female, who sustained an industrial injury on 2/25/10. She has reported right knee injury. The diagnoses have included right knee degenerative joint disease and degenerative disc disease of lumbar spine. Treatment to date has included epidural steroid injection, oral pain medications and viscosupplementation injections. (MRI) magnetic resonance imaging of right knee performed on 10/13/14 revealed horizontal cleavage tear of lateral meniscus, posterior horn of posterior meniscus, interval progression of cystic degeneration of the (ACL) Anterior Cruciate Ligament, tricompartmental osteoarthritis progressed from prior, moderate joint effusion and moderate sized baker's cyst. Currently, the injured worker complains of right knee pain that is not improving. Physical exam noted decreased knee range of motion, crepitus and pain with extremes of motion. On 1/22/15 Utilization Review non-certified Vicoprofen 200/7.5 mg one every 4-6 hours as needed for pain #60 with 2 refills dispensed 12/9/14, noting a prior request recommended weaning noting long term use of opiates is not supported by current evidence based guidelines. The MTUS, ACOEM Guidelines, was cited. On 2/11/15, the injured worker submitted an application for IMR for review of Vicoprofen 200/7.5 mg one every 4-6 hours as needed for pain #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Vicoprofen 200/7.5mg, one every 4-6 hours as needed for pain #60 x2 dispensed 12-9-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: Vicoprofen is a combination of hydrocodone and ibuprofen. According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Vicodin is a short acting opioid recommended for a short period of time in case of a breakthrough pain or in combination with long acting medications in case of chronic pain. There is no clear evidence of a breakthrough of pain. Therefore, the request for Vicoprofen 200/7.5mg, one every 4-6 hours as needed for pain #60 x2 dispensed 12-9-14 is not medically necessary.