

Case Number:	CM15-0215388		
Date Assigned:	11/05/2015	Date of Injury:	02/26/2013
Decision Date:	12/23/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/02/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 26, 2013. In a Utilization Review report dated October 28, 2015, the claims administrator failed to approve a request for oral Vicoprofen. A September 29, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated June 4, 2015, Ultracet and Vicoprofen were endorsed. On an RFA form dated July 7, 2015, Ultracet and Vicoprofen were, once again renewed. On office visits of August 8, 2015 and September 29, 2015, Vicoprofen was, once again, renewed. The applicant had undergone earlier lumbar spine surgery, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Vicoprofen 7.5/200mg #60 DOS: 9/29/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

Decision rationale: No, the request for Vicoprofen, an amalgam of hydrocodone and ibuprofen, was not medically necessary, medically appropriate, or indicated here. As noted on page 92 of the MTUS Chronic Pain Medical Treatment Guidelines, Vicoprofen is recommended for short-term use purposes only, generally less than 10 days. Here, however, the applicant had seemingly been using Vicoprofen for several months prior to the date of the request, October 29, 2015. Continued usage of the same, thus, was at odds with page 92 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.