

Case Number:	CM15-0222605		
Date Assigned:	11/18/2015	Date of Injury:	06/30/2008
Decision Date:	12/31/2015	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/12/2015

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:

This is a 40 year old female with a date of injury on 6-30-2008. A review of the medical records indicates that the injured worker is undergoing treatment for degenerative disc disease. According to the progress report dated 10-7-2015, the injured worker complained of ongoing neck and low back pain along with sciatic type symptoms down into the right lower extremity. Per the treating physician (10-7-2015), the injured worker was temporarily totally disabled. The physical exam (10-7-2015) revealed tenderness to palpation and spasm about the left side of the cervical paraspinal musculature. There was tenderness to palpation and spasm bilaterally about the paralumbar musculature. The physician noted that without medication, the injured worker's visual analog scale (VAS) score was 82 and with medication, the score was reduced to 26. On 9-2-2015, it was noted that the injured worker was given Vicoprofen in addition to Norco to take during times of increased pain. Treatment has included medication. The injured worker was given trigger point injections on 10-7-2015. Current medications (10-7-2015) included Cymbalta, Norco and Ibuprofen. The request for authorization was dated 10-7-2015. The original Utilization Review (UR) (11-11-2015) denied a request for Ibuprofen-Hydro 200-7.5mg #60 given 10-7-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ibuprofen/hydro 200/7.5mg #60 1 month maint given 10/07/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The claimant in this case complains of ongoing neck and low back pain since injury in 2008. A 9/2/2015 note in the medical records indicates that the claimant was prescribed Vicoprofen during times of increased pain in addition to the routine Norco being prescribed. The request for Vicoprofen is now considered. The rationale for using 2 opioids is not presented with the request. If the use of Norco has become ineffective, then consideration to discontinuing Norco should be given and other options tried. Therefore the request for Vicoprofen is not medically necessary or appropriate.