

<b>Case Number:</b>	CM15-0035689		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	03/05/1990
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 57-year-old female who sustained a work related injury on March 5, 1990, after using a pallet jack and incurring back, neck, arm and shoulder injuries. She was diagnosed with cervical degenerative disc disease, cervical radiculopathy, and left shoulder impingement syndrome and right hip osteoarthritis. Treatment included anti-inflammatory drugs and pain medications. She underwent a cervical fusion, and lumbar fusion. Currently, in October, 2015, the injured worker complained of ongoing left shoulder pain, neck and left arm pain making activities of daily living (ADLs) difficult. On March 12, 2015, a request for one prescription of Vicoprofen 7.5 mg/200mg, #150 was modified to one prescription of Vicoprofen 7.5 mg/200 mg, #75, by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen 7.5/200 mg, 150 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
 Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, NSAI Page(s): 74-96; 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vicoprofen 7.5/200mg #150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical disc lesion; cervical radiculopathy; cervicgia; fibromyalgia; lumbar pain; and post lumbar fusion. The failed medicines section of the progress note dated December 23, 2014 include Butrans, Duragesic 100, Morphine sulfate, OxyContin, and Restoril. Subjectively, the injured worker complains of persistent left-sided neck pain with a pain scale of 6/10. The treating physician prescribed Vicoprofen as far back as August 6, 2014 with Opana. Vicoprofen was refilled October 2014 and December 2014. The documentation from the December 23, 2014 progress note does not contain a physical examination. There is no documentation with objective functional improvement, a risk assessment, or detail pain assessment (performed with ongoing opiate use). Vicoprofen is a combination of nonsteroidal anti-inflammatory drug and hydrocodone. There is no clinical rationale in the medical record for prescribing Vicoprofen. Consequently, absent clinical documentation with evidence of objective functional with the clinical rationale an indication for Vicoprofen in the absence of a risk assessment and detailed assessment, Vicoprofen 7.5/200mg #150 is not medically necessary.