

<b>Case Number:</b>	CM15-0042174		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64 year old male, who sustained an industrial injury on June 19, 2012. Treatment to date has included aqua therapy, medications, spinal surgery, and imaging of the lumbar spine. Currently, the injured worker complains of continued low back pain following extensive spine surgery. He reports numbness and tingling in the right lower extremity. The injured worker is having aqua therapy reports that his helps his condition. On examination, he has tenderness to palpation of the lumbar paraspinal muscles and he has no evidence of a limp or antalgic gait. The treatment plan includes continuation of aqua therapy and work modifications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen 7.5/200mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 1/14/15 progress report provided by the treating physician, this patient presents with continued but improving low back pain and numbness/tingling in the right lower extremity. The treater has asked for VICOPROFEN 75/200MG #180 but the requesting progress report is not included in the provided documentation. The RFA dated 12/12/14 contains Vicoprofen, and the 12/12/14 report states the patient received a refill of the appropriate medication. The patient's diagnoses per Request for Authorization form dated 1/14/15 are spinal stenosis of lumbar region, spondylolisthesis, displacement of lumbar intervertebral disc, sciatica of unspecified site, degenerative disc disease lumbar. The patient is s/p multilevel fusion of unspecified level from around April 2014 per 1/14/15. Review of reports and utilization review letter dated 2/28/15 also did not specify level of the spinal surgery or the date. The patient has been undergoing aquatic physical therapy, which is helpful. A lumbar X-ray shows fusion healing well and no malfunction of hardware on 12/12/14 report. The patient is regaining strength, and is just beginning his aquatic therapy per 11/13/14 report. The patient is able to return to modified work per 1/14/15 report, but no date was specified. MTUS Guidelines pages 88 and 89 states: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is taking Vicoprofen since at least 12/12/14. In this case, treater has not stated how Vicoprofen reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No urine drug screens were mentioned in provided reports. The patient has recently been approved to return to work with modifications, but has not yet returned to work. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.