

Case Number:	CM15-0060880		
Date Assigned:	04/07/2015	Date of Injury:	04/28/2014
Decision Date:	05/06/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 25-year-old male who sustained an industrial injury on 4/28/2014. His diagnoses, and/or impressions include lumbar degenerative disc disease with left annular tear; low back pain with left > right lumbar radiculitis; persistent back strain; and lumbar displacement. No current magnetic resonance imaging studies are noted. His treatments have included left epidural steroid injection under fluoroscopy on 1/15/2015; aquatic physical therapy, just approved and not started; and medication management. The progress notes of 1/22/2015, notes a follow-up evaluation with complaints of quite a bit of non-radiating pain about his low back; that the recent epidural steroid injection provided little benefit, noting his pain is less severe; and that the aquatic physical therapy was approved and he will begin in a few weeks from that visit, for strengthening and pain relief. The physician's requests for treatments include Vicoprofen for the pain, meantime.

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, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 75 - 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Hydrocodone/Ibuprofen Page(s): 78-80 and 92.

Decision rationale: Vicoprofen 7.5/200 mg, sixty count is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Vicoprofen is recommended for short-term use only (generally less than 10 days) per the MTUS. Furthermore, the MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been working 4 hours a day and has been on long term opioids, however the documentation does not indicate a clear pain assessment, updated signed pain contract, urine toxicology, evidence that opioids are being prescribed with a treatment plan according to function or monitoring of the "4 A's." The patient continues to have significant pain. Without the appropriate documentation and without clear efficacy or treatment plan for opioids, and the fact that Vicoprofen is recommended for short-term use the request for Viocoprofen is not medically necessary.

Norco 10 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 - 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10 mg, sixty count is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been working 4 hours a day and has been on long term opioids, however the documentation does not indicate a clear pain assessment, updated signed pain contract, urine toxicology, evidence that opioids are being prescribed with a treatment plan according to function or monitoring of the "4 A's." The patient continues to have significant pain. Without the appropriate documentation and without clear efficacy or treatment plan for opioids the request for Norco is not medically necessary.

