

Case Number:	CM15-0089614		
Date Assigned:	05/13/2015	Date of Injury:	09/24/1996
Decision Date:	06/18/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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:

The injured worker is a 61-year-old male who sustained a work related injury September 24, 1996. Past history included cervical fusion C3-C4 and C6-C7 April 1998, carpal tunnel syndrome-non-industrial, and right shoulder surgery 2000. According to a primary treating physician's progress report, dated April 16, 2015, the injured worker presented with ongoing neck and back pain, rated 6/10 with medication and 9/10 without medication. Objective findings are documented as no significant change. Diagnosis is documented as chronic headaches and neck pain. Treatment plan included a request for authorization for Vicoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200 four times daily #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Anti-inflammatory medications Page(s): 74-96, 21-22.

Decision rationale: Vicoprofen contains an opioid and an anti-inflammatory medication. The MTUS guidelines note that opioids may be continued if there has been improvement in pain and function. A review of the medical records notes that this medication is being utilized for breakthrough pain and with the use of medications, the injured worker had been able to work. There is no evidence of abuse or diversion. With regards to the anti-inflammatory component of this medication, there is no evidence of side effects, and it is noted that without this medication, the injured worker is using aspirin, which would not be supported. The request for Vicoprofen 7.5/200 four times daily #120 is medically necessary and appropriate.