

Case Number:	CM14-0131021		
Date Assigned:	08/22/2014	Date of Injury:	03/18/2013
Decision Date:	10/21/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventative Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 38 year old employee with date of injury of 3/18/2013. Medical records indicate the patient is undergoing treatment for acute lumbosacral strain, rule out disc herniation; acute laceration of the left ulnar hand and left wrist with neuropraxia; left hand arthrofibrosis; right wrist compensatory chronic strain and rule out left wrist and left hand internal derangement. Subjective complaints include low back pain and left wrist pain. He rates his lumbar spine pain at 3-4/10 which radiates to the right lower extremity. Chiropractic treatment has improved his back pain "tremendously". He is s/p left wrist surgery and still rates his wrist pain as a 9/10 and unchanged. He says that Vicoprofen reduces his pain from 9 to a 6 and helps him do activity around the house for up to an hour as opposed to up to 40 minutes. Objective findings include slight tenderness over the paraspinal muscles (lumbar) with an increase in his range of motion (ROM). Treatment has consisted of chiropractic care and Vicoprofen. The utilization review determination was rendered on 8/15/2014 recommending non-certification of Vicoprofen tab - Hydrocodone Bitartrate Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen tab - Hydrocodone Bitartrate Ibuprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids, Vicoprofen

Decision rationale: MTUS states "Hydrocodone/Ibuprofen (Vicoprofen; generic available): 7.5mg/200mg. Side Effects: See opioid adverse effects and NSAIDS. Note: Recommended for short term use only (generally less than 10 days). Analgesic dose: 1 tablet every 4-6 hours as needed for pain; maximum: 5 tablets/day (██████████)". ODG states "See Opioids for general guidelines, as well as specific Hydrocodone/Ibuprofen (Vicoprofen) listing for more information and references, where it says, "Recommended for short term use only." This combination opioid/NSAID has a low dose of ibuprofen (200mg) that is below the normal adult dose of 400 to 800 mg per dose and total max daily dose of 2400mg. Vicoprofen was approved only based on single dose, post-op pain and is approved to treat acute pain for generally less than 10 days. It may be considered an option for use at the time of injury, but the fixed dose of hydrocodone 7.5mg/ibuprofen 200mg and the maximum approved dose of 5 tablets daily may limit acute pain relief. Prescribing information also stresses that this product is not indicated for treating conditions such as rheumatoid arthritis or osteoarthritis. (Vicoprofen prescribing information)". MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 patient has exceeded the 2 week recommended treatment length for opioid usage. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. In addition, the treating physician has not detailed a trial and failure of first line agents. As such, the request for Vicoprofen tab - Hydrocodone Bitartrate Ibuprofen is not medically necessary.