

Case Number:	CM14-0159847		
Date Assigned:	10/03/2014	Date of Injury:	03/11/1997
Decision Date:	07/16/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/29/2014

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. 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: Emergency 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 male who sustained an industrial injury on 03/11/1997. Diagnosis is radial tunnel syndrome in the right upper extremity. Treatment to date has included status post radial nerve decompression as well as a radial head excision in 1997, home exercises, and application of ice prior to going to sleep and two to three times a day. Medications include Vicoprofen 1- 2 every 3-4 times a day for pain and Ambien for sleep. A physician progress note dated 08/29/2014 documents the injured worker's elbow range of motion is 0 to about 140 degrees. He supinated to 45 degrees and pronates to 45 degrees. His nerve pain has disappeared. The treatment plan includes a CMP and a CBC to get some baseline labs. On 04/02/2014, the physician note documents the injured worker is down to two Vicoprofen a day. Ambien was ordered for sleep. Treatment requested is for Retrospective request for Vicoprofen 7.5/200mg #150 on 8/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Vicoprofen 7.5/200mg #150 on 8/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-79.

Decision rationale: Vicoprofen is ibuprofen, an NSAID, and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. While patient has reportedly had some documented improvement in pain and function post-operatively, provider has failed to document objective pain improvement on medication and functional benefits. There is no documentation of appropriate monitoring of abuse and no provided urine drug screening or documented pain contract. This prescription is not appropriate. Provider documents that patient takes 2 tablets a day leading to this prescription giving patient 2 months supply of medication which is not consistent with minimal medication use or an appropriate plan for weaning. Vicoprofen is not medically necessary.