

Case Number:	CM14-0167684		
Date Assigned:	10/15/2014	Date of Injury:	02/20/2003
Decision Date:	01/08/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/10/2014

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 Internal Medicine, and is licensed to practice in California. 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:

Pursuant to the Follow-Up Pain Management Consultation and Request for Authorization dated September 2, 2014, the IW complains of increased pain in his neck, mid and lower back, as well as his typical complaint of pain in his right upper extremity due to complex regional pain syndrome (CRPS). He remains on his current medications which includes Vicoprofen 7.5mg which he takes 6-8 tablet a day, as well as Soma 350mg, Gabapentin-Ketoprofen gel, and Xanax 0.5mg. Objective physical findings revealed tenderness to palpation along the posterior cervical, thoracic, and lumbar musculature bilaterally. He has decreased range of motion in the neck flexion and extension as well as lumbar flexion and extension. The IW has been diagnosed with bilateral upper extremity overuse syndrome; bilateral upper extremity CRPS; thoracic spine sprain/strain syndrome; reactionary depression/anxiety; cervical spine sprain/strain syndrome from motor vehicle accident on January 25, 2007. Documentation indicated that the IW has failed conservative treatment including medical management therapies, such as stretching, exercises, and physical therapy. He has also failed some muscle relaxants. According the UR documentation, the IW has been utilizing opiates on a chronic basis since at least October of 2013. The treating physician is requesting authorization for Vicoprofen 7.5mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates; NSAID Page(s): 74-96; 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section; NSAID, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vicoprofen 7.5 mg #180 is not medically necessary. Vicoprofen is a combination nonsteroidal anti-inflammatory and opiate drug. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the chronic opiate abuse. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function, or improve quality of life. In this case, the injured worker is a 49-year-old man that sustained an injury on February 20, 2003. The working diagnoses are bilateral upper extremity overuse syndrome, CRPS, thoracic spine strain/sprain, reactionary depression/anxiety and cervical spine strain/sprain syndrome. In this case, the injured worker is taking NSAI/opiate combination as far back as October 2013. There are no objective functional improvements to support the ongoing chronic opiate abuse. There are no detailed pain assessments in the medical record to support the ongoing use of opiates. The guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. Vicoprofen has been prescribed well in excess of the recommended guidelines. Additionally, the injured worker is taking Xanax (a benzodiazepine) which further increases the risk of misuse/addiction. Consequently, Vicoprofen 7.5 mg #180 is not medically necessary.