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| Case Number: | CM14-0211034 | | |
| Date Assigned: | 12/23/2014 | Date of Injury: | 12/30/1998 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 11/17/2014 |
| Priority: | Standard | Application Received: | 12/16/2014 |

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: Physical Medicine & Rehabn, Pain Management

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 is a male patient with a date of injury of December 30, 1998. A utilization review determination dated November 17, 2014 recommends non-certification of Vicoprofen 7.5/325mg #120 with modification to #64 weaning purposes, and psychiatric consultation x1 to provide evaluation for a stimulator trial and pain psychiatry treatments. A progress note dated October 27, 2014 identifies subjective complaints of low back pain with intermittent left lower extremity numbness and tingling that radiates into his foot. The patient reports spasms in his low back. The patient reports depression due to his chronic pain and there is a recommendation from his pain psychologist that he be treated by psychiatrist for medication management. The patient states that the medications improve his function specifically his ability to ambulate around the house. He states that without the medications he would not be able to get out of bed and he is able to walk about 20 minutes longer with the medication use. The physical examination of the lumbar spine reveals tenderness to palpation of bilateral lumbar paraspinals, tenderness over left PSIS, decreased lumbar flexion and extension, positive facet challenge of the lumbar spine, positive Fortin on the left, positive FABER on the left, and positive Gaenslen's on the left. There is a statement indicating that a CURES report dated October 27, 2014 is consistent and a urine toxicology dated July 7, 2014 is consistent. The diagnoses include status post fusion L3-S1, left sacroilitis, right shoulder arthralgia, chronic pain syndrome, and lumbar facet arthropathy. The treatment plan recommends proceeding with the authorized left SI joint injection, request followed care with pain psychiatrist, continue to follow up for surgical evaluation, a prescription for Vicoprofen 7.5/200mg #120, and a prescription for methadone 5 mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/325mg # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127; 67-72 of 127.

Decision rationale: Regarding the request for Vicoprofen (hydorcodone/ibuprofen) 7.5/325mg #120, California Pain Medical Treatment Guidelines state that Vicoprofen is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS). Additionally, Vicoprofen contains ibuprofen which is not recommended for long term use. In light of the above issues, the currently requested Vicoprofen (hydorcodone/ibuprofen) 7.5/325mg #120 is not medically necessary.

Psychiatric consultation x 1 to provide evaluation for a stimulator trial and pain psychiatry treatments (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391 and 398, Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulat.

Decision rationale: Regarding the request for referral for a psychiatric consultation x1 to provide evaluation for a stimulator trial and pain psychiatry treatments, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Additionally, Occupational Medicine Practice Guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Guidelines go on to indicate that non-psychological specialists commonly deal with and try to treat psychiatric conditions. They do recommend referral to a specialist after symptoms continue for more than 6 to 8 weeks, or if there are any red flag conditions. Within the documentation available for review, there is no clear statement indicating that a SCS trial is being requested. Additionally, there is no statement indicating that the patient is exhibiting red

flag symptoms that would warrant psychiatric treatment. As such, a psychiatric consultation x1 to provide evaluation for a stimulator trial and pain psychiatry treatments would be required.