

<b>Case Number:</b>	CM15-0011010		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: New Jersey, New York  
 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 66 year old male, who sustained an industrial injury on 03/01/2009. He has reported subsequent bilateral knee pain and was diagnosed with other chronic postoperative pain and osteoarthritis of the knee. Treatment to date has included oral and topical pain medication, a home exercise program, physical therapy and application of heat and ice. Vicoprofen was a chronic medication since at least 02/10/2012. An opioid contract dated 01/10/2013 was included in the medical record. In a progress note dated 12/01/2014, the injured worker reported pain in the left knee that was rated as 2-3/10. The injured worker was noted to be able to manage most of the pain with exercises, stretching and oral and topical pain medication. Objective physical examination findings were unremarkable. The physician noted that a request for refill of Vicoprofen was being made. On 01/08/2015, Utilization Review non-certified a request for Vicoprofen, noting that there was no documentation as to the level of functional relief from previous use of the medication or documentation of medication compliance. MTUS Chronic Pain Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen 7.5/200mg #45:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80, 92, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDs Page(s): 78-79, 68.

**Decision rationale:** The request is considered medically necessary. The patient has documentation of the 4 A's of opioid. The patient had improvement in pain and function, allowing him to perform activities of daily living. He had a drug contract with his physician according to the chart, and had urine drug screens. Because he uses it as needed, his last urine drug screen was negative for hydrocodone. The physician did not seem concerned that this was due to aberrant drug behavior. The patient had gone through a functional restoration program which helped him learn other methods of coping with pain. Therefore, the request is considered medically necessary.