

Case Number:	CM15-0015993		
Date Assigned:	02/04/2015	Date of Injury:	03/28/1994
Decision Date:	06/26/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 64-year-old female sustained a work-related right elbow injury on 3/28/1994. According to the clinic note dated 1/29/2015, the diagnosis is lateral epicondylitis-right arm. She reports she wants to taper off her medications. The records show she began tapering her medication in October of 2014, but her right elbow and arm pain continues. The treating provider requests Vicoprofen. The Utilization Review on 1/15/2015 non-certified Vicoprofen, citing CA MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Vicoprofen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 20 years status post work related injury and continues to be treated for chronic right elbow pain. When trying to taper her medications, she

had increased pain. The claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when using the right upper extremity. Vicoprofen is a short acting combination opioid often used for intermittent or breakthrough pain and control of inflammation. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, or addiction, or inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Vicoprofen was medically necessary.