

Case Number:	CM15-0016908		
Date Assigned:	02/04/2015	Date of Injury:	05/30/2008
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old female who reported an injury on 05/30/2008. The mechanism of injury involved a fall. The current diagnoses include low back pain, status post right shoulder rotator cuff injury, anxiety, PTSD, and history of knee pain. The injured worker presented on 12/21/2014 with complaints of persistent pain. The injured worker has been previously treated with physical therapy and medication management. The injured worker noted pain over multiple areas of the body rated 7/10. The injured worker has also utilized a left knee brace. The current medication regimen includes hydrocodone 5/325 mg, Vicoprofen, Lidoderm patch, clonazepam 0.5 mg, and Lyrica 50 mg. Upon examination, there was an increase in pain with rotation of the cervical spine, 50% of normal cervical range of motion, trapezius tightness, tenderness around the AC joint and supraspinatus area, pain at the posterior region of the right calf, 2+ deep tendon reflexes, normal motor strength, and intact sensation. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. The medical necessity for a combination medication has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.