

<b>Case Number:</b>	CM15-0116352		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/17/2003
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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

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 male sustained an industrial injury to the low back on 4/17/13. X-rays lumbar spine (1/28/15) showed moderate degenerative disc disease at L4-5 and L5-S1. In a PR-2 dated 1/28/15, the physician noted that the injured worker continued with stable low back pain with intermittent flare-ups of increased pain. The injured worker was given prescriptions for Vicoprofen and Soma to use during flare-ups. In a PR-2 dated 4/29/15, the injured worker continued with chronic soreness and stiffness about the low back with intermittent periods of increased pain. The injured worker reported that his symptoms were stable at the current moment. Physical exam was remarkable for mild tenderness to palpation about the lumbar spine paraspinal musculature with decreased range of motion, negative straight leg raise, 5/5 lower extremity motor strength and intact sensation throughout. The injured worker could heel-and-toe walk without difficulty. The injured worker walked without limp or antalgic gait. X-ray of the lumbar spine showed degenerative disc disease at L4-5 and L5-S1. Current diagnoses included lumbar degenerative disc disease, lumbar displacement of intervertebral disc without myelopathy, sciatica, thoracic spine sprain/strain and thoracic spine degenerative disc disease. The treatment plan included a prescription for Vicoprofen to use on an as-needed basis over the next three months during times of increased pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen 7.5/200mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**Decision rationale:** Regarding the request for Vicoprofen (hydorcodone/ibuprofen), Chronic 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. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Vicoprofen (hydorcodone/ibuprofen) is not medically necessary.