MAXIMUS Federal Services

Case Number:	CM15-0126215		
Date Assigned:	07/10/2015	Date of Injury:	03/28/1994
Decision Date:	08/07/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/30/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 (IW) is a 64 year old female who sustained an industrial injury on 03/28/1994. She reported repetitive use injury of the right elbow. The injured worker was diagnosed as having lateral epicondylitis right arm. Treatment to date has included Medications and attempted tapering of opioid medications. Currently (06/01/2015), the injured worker complains of burning pain in the right elbow. She also has multiple aches and pains. On exam, she has tenderness along the outside of the right elbow, tenderness in the right trapezius, and full elbow motion. She has pain with resistance to dorsiflexion on the right arm. Medications include Gabapentin, and Hydrocodone-Ibuprofen. An opioid contract is signed limiting medications to one pharmacy with no early refills, and tapering dose. The worker has attempted weaning from Vicoprofen (Hydrocodone-Ibuprofen) on more than one occasion without success. She failed the weekly tapering program of Vicoprofen on 05/06/2015. She complains that she does think she can taper off medications. The treatment plan includes tapering dosage of Vicoprofen and the plan is to taper on a weekly basis. A request for authorization is made for the following: Vicoprofen (quantity and duration unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen (quantity and duration unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Hydrocodone/ Ibuprofen (Vicoprofen), Opioids.

Decision rationale: ODG states concerning Vicprofren (Hydrocodone/Ibuprofren) (Vicoprofen) listing for more information and references, where it says, "Recommended for short term use only." This combination opioid/NSAID has a low dose of ibuprofen (200mg) that is below the normal adult dose of 400 to 800 mg per dose and total max daily dose of 2400mg. Vicoprofen was approved only based on single dose, post-op pain and is approved to treat acute pain for generally less than 10 days. It may be considered an option for use at the time of injury, but the fixed dose of hydrocodone 7.5mg/ibuprofen 200mg and the maximum approved dose of 5 tablets daily may limit acute pain relief. Prescribing information also stresses that this product is not indicated for treating conditions such as rheumatoid arthritis or osteoarthritis. (Vicoprofen prescribing information) In addition, there is also a cost difference between the generic Vicodin (approx [redacted]) and generic Vicoprofen ([redacted]). The patient has exceeded the 10 day recommended treatment length for usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not provide duration or the quantity requested. Additionally, guidelines recommend Vicoprofen for short-term use (less than 10 days), this patient is in excess of guideline recommendations. As such, the request for Vicoprofen (quantity and duration unspecified) is not medically necessary.