

Case Number:	CM15-0127449		
Date Assigned:	07/22/2015	Date of Injury:	05/18/1998
Decision Date:	08/24/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/01/2015

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 61 year old female who sustained an industrial injury on 5-18-98. Diagnoses are L5-S1 radiculopathy, plantar fasciitis, complex regional pain syndrome of left foot, hepatitis C virus, and advanced liver disease. In a progress note dated 3-4-15, the treating physician notes chief complaints of left foot and left ankle pain rated at 8 out of 10 without medications. Pain persists in the left foot, and is noted as improved overall. She is walking for exercise 3-4 times per week. Notes a request for her to start on hepatitis C virus medication and that she is tired and nauseous. There is mild edema of the left foot. The treatment plan is to decrease Vicoprofen to every 8 hours as needed to start weaning, decrease Duargestic to 25 mcg every 72 hours to start weaning and regular walking for exercise. A urine drug screening done 9-18-14 was reviewed with no unexpected findings. The requested treatment is Vicoprofen 7.5-200mg, quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Anti-inflammatory medications NSAIDs Page(s): 78-79, 22, 67-68.

Decision rationale: The request is considered not medically necessary. Vicoprofen is a combination of vicodin and ibuprofen. The four A's of opioid monitoring have been documented; the patient had decreased pain, able to do ADL's, no aberrant drug behavior, and no side effects. The patient was on a Duragesic patch as well. Vicoprofen would be useful for acute pain but is not advisable to take chronically due to addiction risk. NSAIDs are first line treatment to reduce pain and are recommended at the lowest dose for the shortest duration. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Chronic use is not beneficial. Therefore, the request for vicoprofen is not medically necessary.