MAXIMUS Federal Services

Case Number:	CM15-0129866		
Date Assigned:	07/16/2015	Date of Injury:	07/28/2006
Decision Date:	08/19/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/06/2015

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 York
Certification(s)/Specialty: Anesthesiology

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 45-year-old male, who sustained an industrial injury on 7/28/06. The mechanism of injury was not documented. The injured worker was diagnosed as having status post L3-S1 lumbar fusion, symptomatic hardware lumbar spine, and history of umbilical and inguinal hernias bilaterally and right wrist internal derangement. Treatment to date has included lumbar fusion, oral medications including Neurontin 600mg #120, Vicoprofen #180, Prilosec #60 and activity restrictions. Currently on 5/5/15, the injured worker complains of chronic low back pain rated 6/10 with medications and 10/10 without medications, he notes he is functional with medications and able to be more active; he also complains of pain in right hand and arm. His disability status is considered permanent and stationary. It is noted the intensity of pain with and without medications is unchanged since 8/19/14. Physical exam performed on 5/5/15 revealed lumbar spasm with painful range of motion and tenderness to palpation over the hardware and a healed surgical incision; right wrist exam reveals tenderness to palpation at the trainagular fibrocartilage complex (TFCC) with decreased and painful range of motion. The treatment plan included Neurontin 600mg #120, Vicoprofen #180, Prilosec #60 and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

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) Hydrocodone/ Ibuprofen (Vicoprofen).

Decision rationale: Vicoprofen (Hydrocodone/ Ibuprofen) is a short-acting opioid analgesic. It is 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. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, pain relief effectiveness was noted, however it is unchanged since 8/19/14, the duration of pain relief was not mentioned and documentation notes he is currently more functional due to medications. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. The injured worker has received Vicoprofen since at least 8/19/14; his current work status is considered permanent and stationary. A urine drug screen performed on 3/19/15 was consistent with medications prescribed. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The request for Vicoprofen is not medically necessary.