

Case Number:	CM15-0072262		
Date Assigned:	04/22/2015	Date of Injury:	04/17/2012
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/16/2015

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

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 47 year old male who sustained an industrial injury to his lower back on 04/17/2012. The injured worker was diagnosed with lumbosacral strain, lumbosacral desiccation, lumbosacral degenerative disc disease and chronic low back pain. Treatment to date includes diagnostic testing including Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies in November 2014, multiple epidural steroid injections (ESI) without improvement, physical therapy and opiates. According to the treating physician's progress report on February 25, 2015, the injured worker continues to experience chronic low back pain. Examination of the lumbosacral spine demonstrated increased muscle tone with diffuse tenderness and guarding. There was decreased range of motion noted. Medical records reviewed document emergency room visits for pain control when out of pain medications. Current medications are listed as Adderall, Reglan, MS Contin, Valium and Vicoprofen. The injured worker is Permanent and Stationary (P&S) and has not returned to work. Treatment plan is to continue with prescribed medication and the current retrospective request (DOD 3/14/2015) for MS Contin 40mg #90, Valium 10mg #90 and Vicoprofen 7.5mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOD 3/14/2015) for MS Contin 40mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for RETROSPECTIVE MS CONTIN 40MG #90, DOS 03/14/15. Per 02/25/15 progress report, the patient is currently taking MS Contin, Valium, Vicoprofen. He has stabilized chronic pain, steady with the current pain medication with no side effect or adverse effect. The patient has been utilizing MS Contin since at least 02/24/15. The patient is currently not working. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater has addressed urine drug screenings on 10/16/14 and 02/25/15 as part of aberrant behavior monitoring. There are documentations which specifically discuss side effects. But the four A's including analgesia, ADL's, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

Retrospective request (DOS 3/14/2015) for Vicoprofen 7.5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89. Decision based on Non-MTUS Citation Official disability guidelines Drug Formulary chapter, Hydrocodone/Ibuprofen (Vicoprofen).

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for RETROSPECTIVE VICOPROFEN 7.5MG #120, DOS 03/14/15. Per 02/25/15 progress report, the patient is currently taking MS Contin, Valium, Vicoprofen. He has stabilized chronic pain, steady with the current pain medication with no side effect or adverse effect. The patient is currently not working. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. ODG guidelines, under Drug Formulary, specifically discusses Hydrocodone/Ibuprofen (Vicoprofen) and 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]). In this case, the treater has addressed urine drug screenings on 10/16/14 and 02/25/15 as part of aberrant behavior monitoring. There are documentations which specifically discuss side effects. But the four A's including analgesia, ADL's, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Furthermore, ODG does not support Vicoprofen for long term use. The patient has been utilizing this medication since at least 01/28/15. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Vicoprofen IS NOT medically necessary.

Retrospective request (DOS 3/14/2015) for Diazepam 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for RETROSPECTIVE DIAZEPAM 10MG #90, DOS 03/14/15. Per 02/25/15 progress report, the patient is currently taking MS Contin, Valium, Vicoprofen. He has stabilized chronic pain, steady with the current pain medication with no side effect or adverse effect. The patient is currently not working. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. In this case, the patient has been utilizing Diazepam since at least 01/28/15. It is not recommended for a long-term use. The request IS NOT medically necessary.