

Case Number:	CM15-0077833		
Date Assigned:	04/29/2015	Date of Injury:	03/11/2004
Decision Date:	06/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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, North Carolina
 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 to on 03/11/2004. The injured worker was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. The injured worker is status post posterior L3-L5 lumbar fusion and left epidural steroid injection (ESI) on November 2014 and January 2, 2015. Treatment to date includes diagnostic testing, surgery, epidural steroid injection (ESI), and medications. According to the primary treating physician's progress report on January 22, 2015, the injured worker continues to experience pain in the back radiating into both legs predominantly on the left. Examination demonstrated tenderness through the paralumbar area with some spasm with decreased range of motion. Active range of motion of the thoracolumbar was severely limited to pain. Straight leg raise was positive bilateral with some weakness of the left quadriceps with remaining motor testing within normal limits. Reflexes were diminished and symmetrical. Current medications are listed as Vicoprofen and Omeprazole. Treatment plan consists of continued conservative care and the current request for medications renewal of Omeprazole, Vicoprofen 7.5/200mg, #180 and Vicoprofen 7.5/200mg, #180 (to be filled 4/20/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-70.

Decision rationale: The request is for Omeprazole is a patient taking a combination opioid/NSAID (Vicoprofen) for chronic pain. MTUS guidelines state that proton pump inhibitors are appropriate for treatment of dyspepsia secondary to NSAID therapy or for patients at risk of GI events with NSAID use. At risk factors include age over 65 years, history of peptic ulcer, GI bleeding, perforation, concurrent use of ASA, corticosteroids or anticoagulants, or high dose/multiple NSAID use. The patient does have these risk factors or significant dyspepsia documented. Therefore, the request is not medically necessary.

Vicoprofen 7.5/200mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Opioids Page(s): 67, 74, 78-80.

Decision rationale: The request is for Vicoprofen 7.5/200 mg #180 for chronic pain. Vicoprofen is a combination opioid and NSAID (hydrocodone plus ibuprofen). MTUS guidelines state that there should be ongoing review and documentation of pain relief, functional status, appropriate medication usage and side effects, all of which are lacking in the medical records submitted. There is no documentation of a narcotic contract or drug screening. Documentation is very limited as to what benefit the patient is receiving from the opioid, including pain relief and functional improvement. Thus, this request is deemed not medically necessary.

Vicoprofen 7.5/200mg, #180 (to be filled 4/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Opioids Page(s): 67, 74, 78-80.

Decision rationale: This is a prospective request for Vicoprofen 7.5/200 mg for chronic pain. Vicoprofen is a combination NSAID/Opioid (Hydrocodone and Ibuprofen). MTUS guidelines state that there should be an ongoing review and documentation of pain relief, functional status, appropriate use of medications and side effects, all of which are lacking in the medical records submitted for review. No documentation of a narcotic contract or urine drug screening was found. The documentation is very limited as to what past benefit the patient has received from

the opioid. Opioids are not recommended for long-term pain relief. Thus, this prospective request for Vicoprofen is not medically necessary.