

Case Number:	CM15-0094880		
Date Assigned:	05/20/2015	Date of Injury:	02/28/2014
Decision Date:	06/25/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34 year old female with a February 28, 2014 date of injury. A progress note dated March 12, 2015 documents subjective findings (lower back pain radiating into both legs), objective findings (tenderness to palpation bilaterally about the lumbar paraspinal musculature; severely limited range of motion; left sided antalgic gait with heel and toe walk; straight leg raising test positive bilaterally, left greater than right; weakness of the left ankle dorsiflexors and evertors), and current diagnoses (lumbago; lumbar intervertebral disc disorder). Treatments to date have included medications, imaging studies, and trigger point injections. The treating physician noted that the injured worker required spinal surgery, but that bariatric surgery and weight loss would have to take place prior to the operation. The treating physician documented a plan of care that included Vicoprofen and an evaluation with a co-vascular surgeon for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Hydrocodone/Ibuprofen (Vicoprofen) 200-7.5 #240 (dispensed 03/12/2015):
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, When to discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing, NSAIDs, specific drug list & adverse effects Page(s): 72, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in February 2014 and continues to be treated for radiating low back pain. A lumbar spine fusion is being recommended but the claimant has a BMI of over 43 and weight loss is being required prior to any spinal surgery. When seen, there was lumbar spine tenderness with decreased range of motion. Straight leg raising was positive and there was an antalgic gait. A vascular surgery consult was requested due to the planned lumbar spine surgery. Vicoprofen was prescribed at a total MED (morphine equivalent dose) of 60 mg per day and ibuprofen dose of 1600 mg per day. Vicoprofen (hydrocodone/ibuprofen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction. The total MED (morphine equivalent dose) was less than 120 mg per day and the total ibuprofen dosing was within guideline recommendations. Therefore, the prescribing of Vicoprofen was medically necessary.

Evaluation with Co-vascular surgeon for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations Chapter 7 (127-146), page 112, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: The claimant sustained a work-related injury in February 2014 and continues to be treated for radiating low back pain. A lumbar spine fusion is being recommended but the claimant has a BMI of over 43 and weight loss is being required prior to any spinal surgery. When seen, there was lumbar spine tenderness with decreased range of motion. Straight leg raising was positive and there was an antalgic gait. A vascular surgery consult was requested due to the planned lumbar spine surgery. Vicoprofen was prescribed at a total MED (morphine equivalent dose) of 60 mg per day and ibuprofen dose of 1600 mg per day. In terms of the requested vascular consultation, since the claimant's surgery has not been approved and would not occur until after undergoing significant weight loss, it is not medically necessary at this time.