

Case Number:	CM15-0098934		
Date Assigned:	06/01/2015	Date of Injury:	04/03/1998
Decision Date:	07/02/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/22/2015

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, 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:

The injured worker is a 58 year old female who sustained an industrial injury on 04/03/98. Initial complaints and diagnoses are not available. Treatments to date include medications, and a lumbar epidural steroid injection. Diagnostic studies are not addressed. Current complaints include neck and low back pain. Current diagnoses include lumbar disc protrusion, musculoligamentous sprain of the thoracic/lumbar/cervical spine, cervical and lumbar disc bulges, and lumbar radiculopathy. In a progress note dated 04/29/15 the treating provider reports the plan of care as a mechanical orthopedic bed, medication including cyclobenzaprine, diphenhydramine, omeprazole, methocarbamol, meloxicam, hydrocodone, consultation with a rheumatologist and a neurologist, as well as a ketorolac injection on the date of service. The requested treatments include is hydrocodone. The injured worker has been on the same dosage of hydrocodone since at least 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Hydrocodone/APAP 5/325 (Express Scripts): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Vicoprofen (hydorcodone/ibuprofen), Chronic Pain Medical Treatment Guidelines state that Vicoprofen is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient was using Tramadol without documented treatment failure or acute flare up of pain. The provider does not provide clear reasoning for the addition of another short acting opioid medication. Furthermore, there is no discussion regarding side effects and aberrant usage with opioid medications. In light of the above issues, the currently requested Vicoprofen (hydorcodone/ibuprofen) is not medically necessary.