

Case Number:	CM14-0015521		
Date Assigned:	06/04/2014	Date of Injury:	08/27/2013
Decision Date:	07/31/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62 year old female with a work injury dated 8/27/13. The diagnoses includes cervical radiculopathy, cervical spondylosis, thoracic spondylosis, and headaches. Under consideration is a request for Vimovo 500/20mg and Floricet. There is a 5/15/14 document completed by the patient where the patient checked on the document that she had indigestion as well as reflux, abdominal pain, diarrhea/constipation. The patient denied having nausea/vomiting, vomiting of blood, liver disease, blood in stools/black stools. There is a 5/15/14 initial evaluation document that states that the patient denies frequent indigestion or reflux, nausea or vomiting, vomiting of blood, or abdominal pain. The patient denies liver disease, change in bowel habits, frequent constipation or diarrhea, blood in stools or hemorrhoids/rectal disease. On the review of systems the patient denies frequent or severe headaches. On physical examination the patient has decreased cervical range of motion. There is 5/5 muscle strength in the bilateral upper extremities. Sensation is generally decreased in a nondermatomal fashion in the left upper extremity. A January 28, 2014 EMG/ NCV study revealed a mild left C6 radiculopathy. A February 11, 2014 MRI of the cervical spine without contrast reveals multilevel cervical spondylosis and facet arthrosis with associated multilevel mild central canal narrowing from C3-4 through C6-7; most significant at C5-6, mild multilevel neural foraminal narrowing is present. No cord signal abnormality. A 2/20/14 document states that she has developed gastrointestinal upset which she believes is due to medications and is requesting consultation with an internist. The treatment plan states that Vimovo will be discontinued and will substitute with Celebrex 200 mg. p.o. q-day. There is a request for authorization for an internal medicine consult to address the patient's gastrointestinal upset which appears to be attributable to the use of non-steroidal anti inflammatories. A 1/9/14 PR-2 report indicates that the patient states that

Vimovo and Fioricet were not approved by the insurance company. She continues to have severe daily headaches which are not improved with Tramadol. She states that transdermal pain cream helps decrease her left arm pain. The document goes on to state that the patient complains of severe neck pain that radiates to the left arm associated with numbness and tingling and headaches. She has mild improvement with Tramadol and transdermal pain cream. She complains of muscle spasms in the neck and that her head shakes at times. On exam the patient is alert and oriented x 3. Motor function of the upper extremities is intact with decreased light touch sensation in the left dorsal forearm and hand. Cervical range of motion is moderately restricted with pain in all planes. The treatment plan states that she was given samples of Vimovo 500/20 today in the office. She is unable to tolerate traditional NSAIDs due to GI upset. She is to continue Tramadol. An 8/27/13 document states that the patient is taking Naproxen and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF VIMOVO 500/20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK, 68 Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Acupuncture Medical Treatment Guidelines Page(s): Page 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain :Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: Vimovo 500/20mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The patient does not have evidence of risk for gastrointestinal bleeding; however, the MTUS does state that treatment of dyspepsia secondary to NSAID therapy can include the following steps: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The ODG guidelines do not include Esomeprazole as a first line medication for gastric protection. Vimovo is a fixed-dose tablet combination of delayed-release enteric-coated Naproxen and immediate-release Esomeprazole. The documentation is not clear on why the patient is no longer on Omeprazole and Naproxen. Additionally further documentation indicates that Vimovo continued to cause gastrointestinal upset and that this was discontinued and the patient was to see an internal medicine specialist. Furthermore, the request as written does not indicate a frequency or duration of Vimovo. The request of Vimovo 500/20mg is not medically necessary.

PRESCRIPTION OF FLORICET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE CONTAINING ANALGESIC AGENTS (BCAS), 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Barbiturate-containing analgesic agents (BCAs) Acupuncture Medical Treatment Guidelines
Page(s): 23.

Decision rationale: Floricet is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Floricet is a barbiturate containing analgesic. The MTUS states that barbiturate containing analgesics are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The documentation indicates that the patient continues to have severe daily headaches. The continuation of Floricet is not appropriate particularly with the risk of rebound headache and medication overuse that it can cause. The request for Floricet is not medically necessary.