

Case Number:	CM14-0114423		
Date Assigned:	08/04/2014	Date of Injury:	03/24/2011
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/22/2014

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 and is licensed to practice in Ohio and Texas. 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 injured worker is a 36-year-old female with a reported date of injury on 05/21/2011. The mechanism of injury was not submitted within the records. Her diagnoses were noted to include cervical myalgia, thoracic myospasm, and lumbar sprain/strain. Her previous treatments were noted to include physical therapy, chiropractic care, and medications. The progress note dated 06/23/2014 revealed the injured worker complained of left lower extremity pain with numbness of the left lower extremity. The injured worker's pain at the bilateral plantar arch had increased since her last visit. The injured worker reported her overall pain ranged from 12/10 at the worst to 3/10 at the best. The physical exam revealed deep tendon reflexes were diminished on the right lower extremity. The provider reported a large area of numbness at the anterior aspect of the left leg, below the knee, extending distally to the ankle level. The orthopedic exam noted grossly proper alignment to the lower extremity including at the rearfoot, midfoot, and forefoot joints bilaterally to the bilateral lower extremities. Muscle strength for all prime movers of the lower leg, ankle, and foot were graded +5/5 and the right lower extremity +3/5 to 4/5 at the left lower extremity. The provider indicated full, fluid range of motion for all joints from the ankle joint distally without pain, crepitation, or instability at the bilateral lower extremities. There was moderate to severe tenderness to palpation about the medial and middle slips of the right plantar fascia with positive crepitation and slight increased warmth and 1+ edema. The progress note dated 06/24/2014 was for the Vimovo 500/20 mg #60 one tablet twice a day for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500/20mg, #50: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Vimovo.

Decision rationale: The request for Vimovo 500/20 mg #50 is not medically necessary. The injured worker complains of foot pain. The Official Disability Guidelines state FDA approved Vimovo, a fixed dose tablet combination of delayed release enteric-coated naproxen and immediate release esomeprazole magnesium. The NSAID/PPI combo is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risk for NSAID related gastric ulcers in susceptible patients. The guidelines state as with Nexium, a trial of omeprazole and naproxen or a similar combination is recommend before Vimovo therapy. The injured worker has an allergy to naproxen and therefore is unable to trial Naproxen/Omeprazole. However, there is a lack of diagnoses consistent with osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. Therefore, the request is not medically necessary.