

Case Number:	CM14-0121861		
Date Assigned:	08/06/2014	Date of Injury:	09/25/2006
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/01/2014

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 California. 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 60-year-old female with a reported date of injury on 09/25/2006. The mechanism of injury was repetitive activities. Her diagnoses included impingement syndrome primary to the left and rotator cuff tear, nontraumatic to the left. The injured worker had an examination on 07/09/2014 with complaints of debilitating shoulder pain due to her repetitive activities. Her pain was described as being constant, aching, throbbing, and moderate to severe in severity with profound limitations. She stated that her pain radiated between the area of her shoulder blades, and it was aggravated by the use of her upper extremities. The injured worker also reported weakness and numbness. The medication list consisted of Vimovo and Tramadol. The recommended plan of treatment was to continue Vimovo and tramadol and a referral to acupuncture. The Request for Authorization was signed and dated on 07/15/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 20/375 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, compounded drugs; US National Institute of Health National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: The California MTUS Guidelines recommend combination NSAID GI protectant medication for the treatment of signs and symptoms of osteoarthritis in patients at a high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. The injured worker does not have a history or diagnosis of osteoarthritis, nor does she have the signs and symptoms of osteoarthritis. There is no evidence that the injured worker is at high risk for developing NSAID-induced gastric or duodenal ulcers. There was no evidence of any complaints of gastrointestinal events. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. An adequate and complete pain assessment is not provided within the medical records. Furthermore, there are no directions as to frequency of this medication. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for Vimovo 20/375 mg #60 is not medically necessary.