

Case Number:	CM14-0133344		
Date Assigned:	08/22/2014	Date of Injury:	02/21/2002
Decision Date:	09/22/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/20/2014

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 & 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:

This 48 year-old patient sustained an injury on 2/21/2002 while employed by [REDACTED]. Request(s) under consideration include Vimovo 500-20mg #30. Diagnoses included neuralgia/ neuritis. Report dated 6/27/14 from the provider noted ongoing chronic shoulder pain. Exam showed left shoulder with restricted range of motion; tenderness to palpation on AC joint and biceps groove; positive Neer's and Hawkin's testing; negative cross-over, empty can, and drop arm testing; left elbow with tenderness over lateral and medial epicondyle; and negative Tinel's sign. Treatment included medications Omeprazole, Voltaren gel, Naproxen, Vimovo, Flexeril, Norco, and Ketoprofen. Report of 8/15/14 from the provider noted the patient with continued lower back pain radiating to right buttock rated at 7/10. Medications list Norco, Voltaren gel, Vimovo, and Percocet. Exam showed antalgic gait; lumbar spine with restricted range with flex/ext 60/5 degrees; positive facet loading and straight leg raises on right; Tenderness; positive Faber with tenderness over SI joint on right; and 5- to 5/5 motor strength in all extremities with normal sensation. Diagnoses included low back pain and radiculopathy. Treatment included continuing medications and SI joint injection. The patient remained P&S and currently not working. The request(s) for Vimovo 500-20mg #30 was non-certified on 7/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500-20mg #30: 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) Proton Pump Inhibitors (PPI) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA) Page(s): 68-69.

Decision rationale: Vimovo is a proton pump inhibitor (PPI-emomeprazole) combined with Naproxen; a non-steroidal anti-inflammatory drugs (NSAIDs). It is unclear why the patient was prescribed 2 concurrent NSAID in oral and topical formulation (Voltaren gel) along with previous prescription for Omeprazole, another PPI. A PPI medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Vimovo namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Additionally, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. As such, the request for Vimovo 500-20mg #30 is not medically necessary and appropriate.