

<b>Case Number:</b>	CM14-0137257		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/21/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Pain Medicine and is licensed to practice in Oklahoma. 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 45-year-old female who reported an injury on 12/21/2009 by an unspecified mechanism. Her treatment history included physical therapy, surgeries, medications, and MRI studies. The worker was evaluated on 06/02/2014, and it was documented that the injured worker had pain over the cervical and lumbar spine, left shoulder, bilateral wrists, and left knee. It was noted that the injured worker was 1.5 years status post left shoulder surgery and 12 weeks status post left carpal tunnel release. Other clinical findings were illegible. There was no mention of any prior trials of esomeprazole or Naprosyn prior to the requested Vimovo. The injured worker was evaluated on 08/11/2014. It was documented the injured worker had left carpal tunnel release with improvement. She had constant pain in her right wrist with numbness and tingling in all of her digits. She had pain in her left knee with popping, locking, and giving way, which had not improved with conservative treatments. The orthopedic examination revealed tenderness at the carpal tunnel at the right wrist. Tinel's sign and Phalen's test were positive. There was numbness in the distribution area of the medial and ulnar nerves, greater at the distribution area of the median nerve. The fingertips can reach to the mid palmar crease. The left knee revealed 3+ swelling with tenderness at the medial and lateral joint lines and patellofemoral joint. Range of motion was 5 - 120 degrees. The McMurray test signs and symptoms positive and the Lachman's test was 2+ with a good end point. The patellofemoral compression test and apprehension test were positive. Diagnosis included status post left carpal tunnel release with improvement, carpal tunnel syndrome at the right wrist, and possible torn meniscus at the left knee. There were no medications listed on this date of visit for the injured worker. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Vimovo 500mg/20mg tablet #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - Back Pain low back Pain. NSAIDs, GI, symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request is not medically necessary. The Chronic Pain Medical Treatment Guidelines states that Back Pain - Chronic low back pain (MTUS): Vimovo 500/20 is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. It also states that the patient at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. In the documentation provided there was no evidence of the injured worker having a gastrointestinal work-up or symptoms. There was no mention of conservative care such as medication management and no documented reason why the injured worker would benefit from Vimovo 500/20. The request lacked frequency and duration of medication. Given the above, the request for retrospective Vimovo 500/20 tablet # 60 is not medically necessary.