

<b>Case Number:</b>	CM14-0159112		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	02/17/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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, has a subspecialty in Pain Management 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 is a female injured worker who sustained an injury on February 17, 2013. A Utilization Review was performed on September 3, 2014 and recommended non-certification of Vimovo 500mg, 1 tablet twice daily (BID), #60. A Pain Management Reevaluation dated August 21, 2014 identifies current chief complaints of chronic low back pain. Physical Examination identifies low back pain on extension greater than flexion. Diagnoses identify spasm of muscle, unspecified myalgia and myositis, lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified, displacement lumbar disc without myelopathy, and degenerative lumbar/lumbosacral intervertebral disc. Treatment plan identifies continue Vimovo 500 bid, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimovo 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs) x Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/vimovo.html>

**Decision rationale:** Regarding the currently requested Vimovo, California MTUS and Official Disability Guidelines (ODG) do not specifically address the issue. Chronic Pain Medical Treatment Guidelines states, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. The FDA states Vimovo is a combination product that contains Naproxen and esomeprazole. It is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis and to decrease the risk of developing gastric ulcers in patients at risk of developing NSAID-associated gastric ulcers. Within the information made available for review, there is no indication of osteoarthritis, rheumatoid arthritis or ankylosing spondylitis. There is no mention that the patient is at risk of developing NSAID-associated gastric ulcers. In the absence of such documentation, the currently requested Vimovo is not medically necessary.