

Case Number:	CM14-0175883		
Date Assigned:	10/28/2014	Date of Injury:	06/02/2013
Decision Date:	12/05/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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 Arizona & 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 48-year-old female who reported injury on 06/02/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of bilateral carpal tunnel syndrome with chronic tendonitis in the wrists and forearms. Past medical treatments consist of wrist splints and anti-inflammatory medications. Medication consists of Zorvolex 35 mg 3 times a day and over the counter Tylenol Extra Strength. An EMG obtained on 10/03/2013 revealed bilateral carpal tunnel syndrome. On 10/23/2014 the injured worker complained of persisting pain and numbness in her hands and wrists bilaterally. Physical examination of both hands revealed positive Phalen's and Tinel's signs. Finkelstein maneuvers were not painful. Passive range of motion from flexion to extension was painful. Active range is full. Medical treatment plan is for the injured worker to continue the use of medication therapy. The provider feels anti-inflammatory medications are helping with pain until the injured worker is able to talk to her orthopedic doctor regarding carpal tunnel release bilaterally. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Vimovo 500mg-20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Vimovo Page(s): 72-73.

Decision rationale: California MTUS guidelines indicate that Anaprox is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. As the guidelines state, Vimovo is recommended for relief of osteoarthritis but is also states that it is recommended at its lowest effective dose and in shortest duration of time. In progress note dated 09/26/2014 it shows that the provider prescribed the injured worker Vimovo 500/20 mg tablets 2 times daily for inflammation and pain with a quantity of 60, equaling 30 days' supply. As per guideline recommendations, Vimovo is an anti-inflammatory recommended for shortest duration of time. Given the above, the injured worker is within recommended guideline criteria. As such, the request is medically necessary.