

Case Number:	CM14-0030607		
Date Assigned:	06/20/2014	Date of Injury:	11/20/2006
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Illinois. 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 49-year old male who reported an injury on 11/20/2006 of unknown mechanism. On 02/06/2014 the injured worker complained of back pain radiating from the low back including postero-lateral thigh and dorsal aspect of the low back down the left leg and S1 joint. The physical examination done on 02/06/2014 revealed spinous process tenderness over L4-L5. The injured worker range of motion was restricted with flexion limited to 10 degrees, extension was limited by pain, and left lateral and rotation was limited by pain. It was noted the lumbar facet loading was positive on both sides and the Faber test was positive. The injured worker had an antalgic gait. The injured worker's medication included Vimovo 500/20, Ultram 50 mg and Flexeril 5mg. The injured worker's diagnoses was Sacrolitis, low back pack syndrome, lumbar spondylosis without myelo/haucet arthropathy, lumbar disc degeneration, and lumbar disc herniated without myelo, lumbar stenosis and cervical spondylosis/C facet arthropathy. The treatment plan included a need for a decision on Vimovo 500/20 1 by mouth twice a day/as needed. The authorization was not submitted for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500/20, 1 by mouth twice a day / as needed: 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).

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 for a decision Vimovo 500/20 1 by mouth twice a day/as needed 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 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. The injured worker's diagnoses was Sacrolititis, low back pack syndrome, lumbar spondylosis without myleo/faucet arthropathy, lumbar disc degeneration, and lumbar disc herniated without myleo, lumbar stenosis and cervical spondylosis/C facet arthropathy. 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. Given the above, the request for Vimovo 500/20 1 by mouth twice a day/as needed is not medically necessary.