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| Case Number: | CM14-0037461 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 08/11/2010 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 03/28/2014 |

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 Interventional Spine, 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:

The patient is a 51 years old male with an injury date on 08/11/2010. Based on the 02/20/2014 progress report provided by [REDACTED], the diagnosis is: 1. Tennis Elbow According to this report, the patient complains of throbbing like pain and swelling in the dorsum of the right wrist. The patient states "the medications were helpful, and he report at least 50% functional improvement with taking the medications." Right wrist pain is rated as an 8/10, left shoulder as a 7/10, and left forearm and elbow as a 7/10. Passive range of motion of the wrist is painful. Grip strength is diminished in the right hand. Tenderness is noted over the left olecranon process, medial/ lateral epicondyles, and over the dorsum of the left wrist. Finkelstein's maneuver is mildly positive. Left shoulder range of motion is limited with positive impingement sign. There were no other significant findings noted on this report. The utilization review denied the request on 03/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/15/2013 to 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500/30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46, 68, 112. Decision based on Non-MTUS Citation Official Disability Guidelines chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Medications for chronic pain Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the 02/20/2014 report by [REDACTED] this patient presents with throbbing like pain and swelling in the dorsum of the right wrist. The treater is requesting Vimovo (Naproxen and Esomeprazole combination drug) 500/30mg #180. Vimovo is first prescribed in 01/16/2014 report. Regarding Vimovo, ODG Guidelines states "The NSAID/PPI combo is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risk for NSAID-related gastric ulcers in susceptible patients. As with Nexium, a trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy." Regarding prophylactic use of PPI's along with NSAIDs, MTUS supports it when appropriate GI risk assessment has been provided with significant risk such as age greater than 65; concurrent use of anticoagulants or high dose of NSAID, ASA use; history of PUD or gastritis, etc. Review of reports does not show the patient had a trial of Omeprazole and Naproxen or similar combination before Vimovo. The patient does not present with osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis like conditions. No GI risk assessment has been provided. Therefore, this request is not medically necessary.

Voltaren gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to the 02/20/2014 report by [REDACTED] this patient presents with throbbing like pain and swelling in the dorsum of the right wrist. The treater is requesting Voltaren gel 1%. Regarding Voltaren gel, MTUS guidelines states "FDA-approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In this case, the patient does not meet the indication for the topical medication as he does not present with a diagnosis for peripheral joint arthritis. Therefore, this request is not medically necessary.