

Case Number:	CM14-0037731		
Date Assigned:	06/25/2014	Date of Injury:	08/04/2012
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
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 and is licensed to practice in Nevada. 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 52-year-old female who was reportedly injured on August 4, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 10, 2014, indicated that there were ongoing complaints of right shoulder pain. The injured employee stated that she was not taking any current medications, because they were not helping. The physical examination demonstrated tenderness of the right shoulder and abduction to 120. There was full internal and external rotation. The treatment plan continued prescriptions of Vimovo and tramadol and included the use of a transcutaneous electrical nerve stimulation (TENS) unit and acupuncture. A request had been made for Vimovo and tramadol and was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIMOVO 500/20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov>.

Decision rationale: Vimovo is a compounded medication consisting of naproxen and esomeprazole magnesium. Esomeprazole is a proton pump inhibitor sometimes prescribed for gastric upset secondary to anti-inflammatory medications such as naproxen. However, there was no mention in the attached medical record that the injured employee was having gastric upset secondary to anti-inflammatory medications. Furthermore, the injured employee states that the current medications that she is taking were not helping. This request for Vimovo is not medically necessary.

Tramadol 50mg 390: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: Tramadol is an opioid medication. The medical record does not state that any objective pain relief has been obtained from the use of tramadol, nor were there any comments regarding any potential side effects, ability to improve activities of daily living, or potential aberrant behavior. Additionally, the injured employee states that the current medications prescribed for her were not working. For these reasons, this request for tramadol is not medically necessary.