

<b>Case Number:</b>	CM14-0057480		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Occupational Medicine 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 52-year-old male who has submitted a claim for Degeneration of Intervertebral Disc Site Unspecified, Other Internal Derangement of the Knee, Osteoarthritis Unspecified Whether Generalized or Localized, and Mononeuritis of Unspecified Site associated with an industrial injury date of July 16, 2008. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of arm, back, neck, and rib pain, rated 3-4/10 with medications and 7-8/10 without medications. On physical examination, there was limitation of cervical spine range of motion. Spurling's maneuver was negative bilaterally. There was mild paraspinous spasm in the cervical and thoracic region. Bilateral shoulder range of motion appeared normal. There was tenderness in the posterior axillary line at the sites of fracture in the 9th and 10th ribs. Palpation of the musculotendinous area between the ribs produced lancinating pain to the anterior abdominal wall. Examination of the upper extremities revealed negative Tinel's and Phalen's signs at the wrists and negative Tinel's sign at the elbow. Grip strength was well preserved. There was decreased sensation over the posterior areas of both forearms. Anterior forearm sensation was intact. There was no evidence of atrophy. Deep tendon reflexes were absent on the right brachioradialis. Thoracic outlet testing was negative bilaterally. Left knee examination revealed adequate range of motion with mild patellar crepitus. No effusion was noted and anterior and posterior drawer signs were negative. Treatment to date has included left knee surgery, physical therapy, massage therapy, home exercise program, TENS unit, H-wave therapy, and medications including Vimovo 500/20 mg one by mouth BID (since at least September 2013). Utilization review from March 28, 2014 denied the request for Vimovo 500-20 mg quantity 120 because there was no documentation of any previous or current gastrointestinal conditions, symptoms, or risk factors for gastrointestinal events related to NSAID use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimono 500-20 mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Vimovo (Esomeprazole magnesium/Naproxen).

**Decision rationale:** CA MTUS does not specifically address Vimovo. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that FDA approved Vimovo, a fixed-dose tablet combination of delayed-release enteric-coated naproxen and immediate-release esomeprazole magnesium (Nexium). 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. A trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy. In this case, Vimovo was being prescribed since at least September 2013 (11 months to date). The records showed that the patient's medications have provided functional improvement by allowing him to write without extensive numbness and fatigue and to sit for periods longer than 20 minutes without severe neck or back pain. However, alongside Vimovo, the patient was also taking Gabapentin and Flexeril. Hence, functional improvement cannot be solely attributed to Vimovo. Furthermore, the records did not show that the patient was at risk for gastrointestinal events. There was also no evidence of a trial of omeprazole and naproxen or a similar regimen prior to Vimovo therapy. There is no clear indication for continued use of this medication. Therefore, the request for Vimono 500-20 mg quantity 120 is not medically necessary.