

<b>Case Number:</b>	CM14-0090202		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/16/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

This case involves a 40 year old male who sustained an injury on 05/16/2006. The request for authorization is dated 06/01/2014 for Vimovo 20/500mg 1 mb #60 with one refill and Flector 1.3% one patch to affected area #60 with one refill. The subjective findings are persistent low back pain. Objective findings are positive lumbar pain and tenderness, and positive antalgic gait. The diagnosis includes lower back pain and prolapse, protrusion lumbar disc. Treatment to date includes activity modification and medications, including Duexis, Lidoderm patches, and Miralax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimovo 20/500mg 1 mb #60 with one refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68, 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)www.pdr.net.

**Decision rationale:** Medical Treatment Guidelines identifies that Vimovo is a combination of Esomeprazole Magnesium, And Naproxen. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs (NSAIDs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age 65 years; history of peptic ulcer, Gastrointestinal GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Nexium (esomeprazole magnesium) is being used as a second-line, as criteria necessary to support the medical necessity of Nexium (esomeprazole magnesium). Within the medical information available for review, there is documentation of diagnoses of lower back pain and prolapse, protrusion lumbar disc. In addition, there is documentation of chronic low back pain. However, there is no documentation of risk for gastrointestinal event and that esomeprazole magnesium is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Vimovo 20/500mg 1 mb #60 with one refill is not medically necessary.

**Flector 1.3% one patch to affected area #60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDS analgesic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (diclofenac epolamine).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical non-steroidal anti-inflammatory drugs (NSAIDs). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (such as: acute strains, sprains, and contusions), as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of diagnoses of lower back pain and prolapse, protrusion lumbar disc. However, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. In addition there is no condition/diagnosis with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated.

Therefore, based on guidelines and a review of the evidence, the request for Flector 1.3% one patch to affected area #60 with one refill is not medically necessary.