

<b>Case Number:</b>	CM14-0110440		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 61 year old male who sustained an industrial injury dated 08/23/2010. He presents on 05/06/2014 with complaints of bilateral shoulder pain. Documented treatments to date are medications and urine toxicology. Pain is 3-4/10 with medications and intolerable without medications. Physical exam is described as relative no change in range of motion. Diagnosis includes lumbago, sciatica, brachial neuritis or radiculitis and wrist sprain. Plan of treatment included medications to include Vimovo 375 mg-20 mg oral enteric coated tablet one by mouth twice a day for one month as needed # 60, refills 5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimovo 375/20mg #60:** 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) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI, Omeprazole Page(s): 22, 67; 67-68. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain section, NSAID, Proton pump inhibitors and Other Medical Treatment Guidelines <http://www.webmd.com/drugs/2/drug-154108/vimovo-oral/details>.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines and Web M.D., Vimovo 375/20 mg #60 is not medically necessary. Vimovo contains naproxen and esomeprazole. This medication is used to treat signs and symptoms of rheumatoid arthritis, osteoarthritis and ankylosing spondylitis when there is a high risk for stomach bleeding/ulcer. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are lumbago; sciatica; and brachial neuritis or radiculitis not otherwise specified. The injured worker's past medical history does not contain any evidence of history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Vimovo first appears in a progress note dated February 18, 2014. It is unclear whether this is the start date or a refill. The most recent progress note is July 3, 2014 and Vimovo is still prescribed. The documentation states there is no change and the injured worker is stable. There is no clinical indication or rationale for Vimovo. There are no past medical history or comorbid conditions or risk factors putting the injured worker at high risk for gastrointestinal events (supra). Additionally, this combination (Vimovo contains naproxen and esomeprazole) is indicated in patients with a high risk for stomach bleeding or peptic ulcer disease. There is no documentation indicating a high risk for bleeding or ulcer disease. Consequently, absent clinical documentation with risk factors or comorbid conditions indicating a high risk for bleeding or ulcers disease, Vimovo 375/20 mg #60 is not medically necessary.