

Case Number:	CM14-0190600		
Date Assigned:	11/24/2014	Date of Injury:	08/19/2011
Decision Date:	02/27/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 is a 34 year old male with complaints of low back pain resulting from a work injury dated 08/19/2011. The injured worker noted the pain increased with walking, repetitive bending lifting and straining. Physical exam revealed flexion at 65 degree and extension at 20 degree. The provider documented physical therapy had helped. Additional information is not provided regarding functional improvement. The clinical note dated 11/07/2014 was handwritten and largely illegible. Within the discernable documentation it was noted that the injured worker reported pain to lumbar, rated both at 5-8/10. Upon physical examination, the injured worker was noted to have flexion to 50 degrees and 10 degrees of flexion. Diagnoses included:-Lumbosacral Neuritis-Sprain Lumbar RegionThe provider requested Vimovo 500 mg # 60. On 11/05/2014 utilization review issued a decision determining the request for Vimovo non-certified stating: "There is no documentation of improvement in pain or objective examples of improved function noted to warrant the continued use of the requested medication."Guidelines cited were CA MTUS 9792.23.5, Low Back Complaints ACOEM Practice Guidelines 2nd Edition (2004) Chapter 12, California Code of Regulations, Title 8 Effective July 18, 2009. The decision was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Vimovo 500mg #60 is not medically necessary. The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high levels of gastrointestinal events. Patients with no factor and no cardiovascular disease do not require a proton pump inhibitor, even in addition to a nonselective NSAID. The documentation submitted for review does not indicate that the patient had gastrointestinal upset or event. Additionally, there is no indication that the patient is on concurrent use of ASA, corticosteroids, and/or anticoagulants, and high dose/multiple NSAIDs. Furthermore, there is no evidence of risk factor or cardiovascular disease; therefore, a nonselective NSAID would be recommended. There was no evidence of increased function or pain relief with use of the medication. It is unclear when the medication was started, as the guidelines only recommend for short term use. Therefore, the request is not supported by the guidelines. Furthermore, the request does not indicate the frequency for taking the medication. As such, the request for Vimovo 500mg #60 is not medically necessary.