

Case Number:	CM14-0196668		
Date Assigned:	12/04/2014	Date of Injury:	09/06/2012
Decision Date:	01/23/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Practice and is licensed to practice in New York. 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 injured worker apparently suffered injuries as the result of falling off a motorcycle reportedly in the course of work related duties. The date of injury is listed as 9/6/12. The diagnoses listed include lumbar spondylosis, lumbar herniated disc, lumbar degenerative disc disease (DDD) and lumbar spinal stenosis. Treatments have included physical therapy, medications to include opioids and epidural steroid injections. The patient is currently using Voltaren Gel and a TENS unit with the use of OTC Aleve to augment pain relief on a PRN (as needed) basis. The patient had reportedly been weaned off of opioids and was maintaining his pain level at 3-4/10. The most recent report indicated that there was left sided mid and central low back pain with palpable spasm in the left thoracic paraspinal muscles. Lumbar facet loading was reported as positive. The most recent MRI dated 1/29/13 indicated the presence of significant facet arthropathy and herniated disc disease at L5-S1 causing moderate to severe bilateral neural foraminal narrowing at that level. Similarly at L4-5 there was moderate neural foraminal narrowing as a result of a broad based disc bulge and at L3-4 as a result of facet arthropathy. Severely reduced disc space in noted at L1-2 and L2-3. No significant canal stenosis is reported at any level of the lumbar spine. He was felt on this examination and reported relief of symptoms with the current medications (including prn use of Aleve) to be suitable to place on a permanent and stationary status. At this visit the member had discontinued the use of prn Aleve as a result of GI symptoms (not further articulated) and indicated a wish to find a way around the symptoms to be able to restart the Aleve. The primary treating physician wrote a script for Vimovo 500/20. This is a combination of enteric coated delayed release Naproxen and rapid release Esomeprazole. Under discussion is the non-certification for this prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500-200mg #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, Medications

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Directed Manufacturers Insert

Decision rationale: This is a fixed combination product. As such, there is no ability to adjust a single agent of the combination. Before initiation with a combination product it is considered important to have shown efficacy and tolerance for both of the components, preferably in the dose provided by the fixed combination. This patient has already exhibited GI symptoms on the quick acting OTC Aleve. Depending on the frequency of use (currently PRN) a proton pump inhibitor (PPI) could be recommended as per the MTUS guideline that suggests that with patients at intermediate risk for gastrointestinal events that a non-selective NSAID with either a PPI Omeprazole or Misoprostol could be appropriate or selection of a Cox-2 selective agent. These statements presume that the patient will be on a regular schedule of use for the medication. Since the Vimovo is an enteric delayed release product it would not be suitable in this situation of PRN (as needed) use. Therefore, this request is not medically necessary.