

Case Number:	CM14-0200419		
Date Assigned:	12/10/2014	Date of Injury:	07/05/2011
Decision Date:	01/27/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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:

The injured worker is a 53 year old female who reported an injury to her right foot on 07/05/2011. Treating physician's progress notes dated 04/28/2014 stated the injured work now complains of numbness in her hands and has neck pain all the time. The submitted documentation included a Nerve Conduction Report dated 04/28/2014 and results of Trigger Point Impedance Imaging (TPII) dated 05/20/2014. However, the submitted documentation did not include clinical history or a current diagnosis of the injured worker. The request is for Vimovo Dr. 375-20 #60 with 2 refills that a Utilization Review denied on 11/03/2014 because NSAIDs are recommended for only short-term use. Additionally, the injured worker is not over the age of 65 and there was no evidence this injured worker is at significantly increased risk for GI upset/bleed to support the medical necessity. CA MTUS was utilized with the decision making.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo Dr. 375-20 #60 Plus 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 67-69.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: An online source identifies Vimovo as a combination of a non-steroidal anti-inflammatory drug (NSAID) and a proton pump inhibitor (PPI). Specifically regarding NSAID, 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 NSAIDs. Specifically regarding PPI, MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of diagnoses of foot sprain. In addition, there is documentation of pain. However, despite documentation of ongoing treatment with NSAID, there is no documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Vimovo Dr. 375-20 #60 Plus 2 Refills is not medically necessary.