

Case Number:	CM14-0203186		
Date Assigned:	12/15/2014	Date of Injury:	07/04/2011
Decision Date:	02/09/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/04/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, shoulder, and wrist pain reportedly associated with an industrial injury of July 4, 2011. Thus far, the applicant has been using the following: Analgesic medications; adjuvant medications; earlier left side ulnar nerve release surgery, carpal tunnel release surgery, elbow epicondylar debridement, and multiple trigger finger release surgery of January 16, 2013; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated November 19, 2014, the claims administrator denied a request for Vimovo. The claims administrator suggested that the applicant employ other treatment options. The claims administrator did acknowledge that the applicant had a history of dyspepsia/gastritis, however. On said November 5, 2014 progress note, the applicant reported persistent complaints of 7 to 8/10 pain. The applicant was having some medication authorization issues, he acknowledged. The applicant had been diagnosed with gastritis; it was stated, in recent emergency department visit. The applicant was given diagnoses of elbow epicondylitis, shoulder strain, ulnar neuropathy, median neuropathy, and carpal tunnel syndrome. The attending provider suggested that the applicant employ Vimovo on a trial basis, given the applicant's history of gastritis. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo twice daily #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Naproxen/Esomeprazole (Vimovo) Prescription drug Consult a doctor if you have a medical concern. Treats pain caused by arthritis or ankylosing spondylitis. This medicine is a combination of a nonsteroidal anti-inflammatory drug (NSAID) and a proton pump inhibitor (PPI) that helps protect against ulcers in your stomach or intestines. Side effects - Warnings - How to use Brand name: Vimovo.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Esomeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the prescribing provider has contended that the applicant did develop issues with NSAID-induced dyspepsia, while using non-selective NSAID such as Motrin or Naprosyn. Provision of the Naprosyn-Esomeprazole amalgam (Vimovo), thus, was indicated here. Therefore, the first time request for Vimovo is medically necessary.