

Case Number:	CM15-0003219		
Date Assigned:	01/14/2015	Date of Injury:	11/04/2009
Decision Date:	03/12/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/07/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male, who sustained an industrial injury to forehead and right shoulder on 11/4/2009. He has reported neck pain related to spinal cord injury. The diagnoses have included cervical pain and post cervical laminectomy syndrome. Treatment to date has included conservative care, surgery and medications. Currently, the IW complains of increased neck pain rated 9/10with medications and 10/10 without medications. The quality of his sleep is poor. He is not trying any other therapies for pain relief. He denies any other symptoms other than pain. The physical exam revealed range of motion in cervical spine was restricted and there was paravertebral muscle spasm and tenderness noted bilaterally. There was tenderness in the acromioclavicular joint and biceps groove. The Hoffman's sign is positive both sides. Treatment plan was vimovo for anti-inflammatory pain and continue with other medications with follow up in 4 weeks. On 12/18/14 Utilization Review non-certified a Vimovo Tab 500-20mg, noting the long term daily use of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) is not supported especially if there are gastrointestinal side effects or increased risk factors for such. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo Tab 500-20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 23 & 64. Decision based on Non-MTUS Citation ODG, Pain Chapter, Vimovo

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Pain; NSAIDs

Decision rationale: Vimovo is a brand name version of a combination naproxen and esomeprazole medication. MTUS recommends NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension. ODG states, recommended as an option. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." ODG states if a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011). The medical documents do not indicate reflux diseases and documentation of a failed trial of omeprazole or lansoprazol. While the NSAID may be considered appropriate, the appropriateness of esomeprazole has not been established. As such, the request for Vimovo 500/20 mg is not medically necessary.