

<b>Case Number:</b>	CM15-0005239		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	02/10/2002
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old male who suffered a work related injury on 02/10/02. Per the physician notes from 10/15/14 he is still recovering from his left partial knee replacement and does not desire to proceed with the revision of the total knee replacement on the right. The treatment plan included renewal of Vimovo. On 01/06/15, the Claims Administrator non-certified the Vimovo citing MTUS guidelines. This non-certified treatment was subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Vimovo 500/20mg with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Anti-Inflammatory Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton Pump Inhibitors (PPIs) and on the Non-MTUS website, drugs.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic), Vimovo (esomeprazole magnesium/ naproxen)

**Decision rationale:** The patient presents with bilateral knee pain. The current request is for 60 tablets of Vimovo 500/20mg with 2 refills. The treating physician states in the 10/5/14 (B19) treating report "renew Meds Vimovo." Vimovo contains a combination of esomeprazole and naproxen. Esomeprazole is a proton pump inhibitor. It decreases the amount of acid produced in the stomach. Naproxen is a nonsteroidal anti-inflammatory drug. The clinical indication for the requested Vimovo is not specified. Additionally, it is not known how long this patient had been maintained on this medication. Nor, is the patient's response to this medication in terms of pain relief and functional improvement provided. There was no reference in the clinical history to gastrointestinal complaints or objective findings related to the GI system. MTUS is silent regarding Vimovo. ODG states: "Not recommended as a first-line therapy" The NSAID/PPI combo is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risk for NSAID-related gastric ulcers in susceptible patients. As with Nexium, a trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy. In this case, there is no documented clinical basis for the request. There is no clinical history provided noting symptoms of osteoarthritis, rheumatoid arthritis, and/or ankylosing spondylitis. Nor is there any documentation of a trial of omeprazole and naproxen or similar combination before the request for Vimovo prescription. Therefore the current request is not medically necessary and the recommendation is for denial.