

Case Number:	CM15-0005967		
Date Assigned:	01/20/2015	Date of Injury:	08/13/2012
Decision Date:	03/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/12/2015

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

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 59-year-old male who reported an injury on 08/13/2012. The mechanism of injury was not provided nor were the medications or diagnostic studies. The prior therapies included physical therapy. The documentation of 12/03/2014 revealed the injured worker was recovering from shoulder surgery on 09/19/2014 and had started therapy. Per the physician, the injured worker was not given the anti-inflammatory, Celebrex, as per the physician's request. The injured worker continued to have residual stiffness and weakness of the arm. The physical examination revealed decreased range of motion of the shoulder. There was no evidence of infection. The injured worker's grip strength by Jamar dynamometer testing was an average of 68 on the right and the left was 40 pounds. The treatment plan included Vimovo. There was a Request for Authorization dated 12/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vivomo 375mg/20 #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: Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS; NSAIDS Page(s): 67; 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of pain. Additionally, they indicate that proton pump inhibitors are recommended for injured workers who are intermediate or high risk for gastrointestinal events. Injured workers with no risk factors or cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review indicated the injured worker had not received the anti-inflammatory medication. The injured worker had recently undergone surgery, which would support the need for an anti-inflammatory medication. However, there was a lack of documentation indicating the injured worker had been assessed and been found to be at intermediate or high risk for gastrointestinal events. The medication is a combination medication and there was a lack of documentation indicating a failure of the medications separately and the rationale for the need for a PPI. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Vimovo 375 mg/20 #60 is not medically necessary.