

<b>Case Number:</b>	CM15-0009332		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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 50 year old female, who sustained an industrial injury on April 5, 2013. The injured worker has reported a right ankle injury. The diagnoses have included right ankle sprain and tendinitis peroneal, right ankle. Treatment to date has included pain medication, electromyography, MRI of the right ankle, x-ray of the right wrist and an ankle brace. Current documentation dated December 10, 2014 notes that the injured worker presented with worsening pain and discomfort along the lateral aspect of the right ankle extending up the lateral aspect of the right leg. She noted excellent benefit from taking Vimovo for the pain and noted a good benefit from using an ankle brace. On December 24, 2014 Utilization Review non-certified a request for Vimovo 500/20 # 60 with one refill. The MTUS, ACOEM Guidelines, were cited. On January 15, 2015, the injured worker submitted an application for IMR for review of Vimovo 500/20 # 60 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimovo 500/20 #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter on Vimovo

**Decision rationale:** This patient presents with discomfort in the lateral aspect of the right ankle extending up the lateral aspect of the right lower leg. The current request is for VIMOVO 500/20 #60 WITH 1 REFILL. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the pain chapter on Vimovo 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 risks of NSAID-related gastric ulcers in susceptible patients. As with Nexium, a trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy. The patient has been utilizing Vimovo since 8/12/14. On 12/10/14, the patient noted "excellent benefit from the Vimovo and has relative absence of any GI side effects." The treating physician states that there are no GI side effects and the medical records do not document NSAID-induced gastritis. The patient's medication history includes Naproxen but there is no indication of omeprazole and ODG guidelines do not consider Vimovo as a first-line therapy and require a trial of "omeprazole and naproxen or similar combination is recommended before Vimovo therapy." This request IS NOT medically necessary.