

Case Number:	CM15-0009651		
Date Assigned:	01/27/2015	Date of Injury:	10/12/2004
Decision Date:	03/20/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/16/2015

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 47 year old male who sustained a work related injury on October 12, 2004, when he incurred a back injury. Diagnosis was a fracture of the lumbar spine. Treatment included medication, aquatic therapy, Non-Steroidal Anti-Inflammatory Drugs, proton pump inhibitor and surgery in 2010 with a lumbar fusion. Currently, the injured worker complained of lumbar tenderness and lumbar pain with motion. Lumbar spine x ray revealed stable appearance of lumbar sacral disc replacements and status post fracture of the superior end plate of L5. On January 5, 2015, a request for a prescription of Vimovo 500-20mg #60 was non-certified by Utilization Review, noting the Official Disability Guidelines pain Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500-20mg tablet bid quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter

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: The 47 year old patient presents with pain in the lower back, as per progress report dated 12/10/14. The request is for VIMOVO 500-20 mg TABLET BID QUANTITY 60. There is no RFA for this case, and the patient's date of injury is 10/12/14. X-ray of the lumbar spine, performed on 12/10/14, reveals an old fracture of the superior end plate of L5. 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. In this case, only one progress report, dated 12/10/14, is available for review. In the report, the treater recommends Vimovo so that he might not have to take as much Tylenol with Codeine. The treater, however, does not document NSAID-induced gastritis. Additionally, ODG guidelines do not consider Vimovo as part of first-line therapy and require a trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy. Hence, the request IS NOT medically necessary.