

<b>Case Number:</b>	CM15-0101290		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	06/26/2003
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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, Pain Management

### 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 64-year-old male, with a reported date of injury of 06/26/2003. The diagnoses include thoracic/lumbosacral neuritis/radiculitis; low back pain; degenerative lumbar/lumbosacral intervertebral disc; unspecified myalgia and myositis; shoulder joint pain; neck pain; and spasm of muscle. Treatments to date have included oral medications, an MRI of the lumbar spine on 03/03/2008 which showed central disc herniation, protrusion type at L4-5 with mild central canal stenosis, and urine drug screenings. The pain management re-evaluation / follow-up visit dated 04/14/2015 indicates that the injured worker complained of chronic low back pain with radiation down to the right buttocks and left side down to the leg/foot. It was noted that numbness and weakness to the right hand continued with frequent episode of dropping objects. His current medications were helping with his pain. It was also noted that Vimovo helped with minimal GI (gastrointestinal) effect. The injured worker's average pain since the last visit was rated 5 out of 10; and his functional level since the last visit was rated 5 out of 10. The physical examination showed some residual axial low back pain to the left side, lower buttocks, and sacroiliac region, right shoulder pain on range of motion, mildly antalgic gait, and neck pain with myofascial pain symptoms and symptoms to the right upper extremity. The treating physician requested Vimovo 375/20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimovo 375/20 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

**Decision rationale:** Regarding the request for Vimovo, CA MTUS does not specifically address the issue. ODG cites that it is "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." Within the documentation available for review, there is no indication of failure of a trial of first-line NSAIDs and PPIs. In light of the above issues, the currently requested Vimovo is not medically necessary.