MAXIMUS Federal Services

Case Number:	CM15-0101301		
Date Assigned:	06/03/2015	Date of Injury:	10/18/2012
Decision Date:	07/08/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old female sustained an industrial injury to the neck, shoulders, arms and back on 10/18/12. Magnetic resonance imaging lumbar spine (1/14/15) showed mild broad based disc bulge with spondylolisthesis with severe facet arthropathy. Previous treatment included magnetic resonance imaging, physical therapy, lumbar facet injections and medications. In a PR-2 dated 12/5/14, the physician noted that the injured worker was using Vimovo for pain with benefit. In a worker's compensation reevaluation dated 4/14/15, the injured worker complained of constant cervical spine pain rated 8/10 on the visual analog scale with radiation to the left arm and lumbar spine pain rated 3/10. The injured worker reported that the lumbar spine pain was improved following recent lumbar facet injections (2/20/15). The injured worker was doing physical therapy and stated that was helping. The injured worker was scheduled to undergo left shoulder arthroscopy with decompression on 4/28/15. Current diagnoses included cervical spine spondylosis, lumbar spine spondylosis without myelopathy, cervical disc degeneration, lumbar spine distribution degeneration, cervical myofascial sprain/strain, lumbar myofascial sprain/strain. The treatment plan included continuing physical therapy, a prescription for Vimovo and authorization for a lumbar corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500/20 mg Qty 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: Vimovo (esomeprazole magnesium/naproxen).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Vimovo.

Decision rationale: The patient presents with pain in her neck, low back and left shoulder. The request is for VIMOVO 500/20 MG #60. Physical examination to the cervical spine revealed tenderness to palpation to the paravertebral and trapezius musculature bilaterally. Patient has completed 12 sessions of physical therapy with benefits. Patient's diagnosis, per 12/05/14 progress report include cervical spondylosis, cervical disc degeneration, cervical myofascial sprain-strain, spondylolisthesis, shoulder impingement/bursitis, shoulder sprain/strain rotator cuff, shoulder acromioclavicular joint arthritis, lumbar myofascial sprain-strain, lumbar / lumbosacral disc degeneration, and lumbar spondylosis without myelopathy. patient's medications, per 01/07/15 progress report include Levothyroxine, Robaxin, Sertraline, Simvastatin, Topamax, and Vimovo. Per 01/07/15 progress report, patient is temporarily totally disabled for 6 weeks. 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." Treater does not discuss this request. A prescription for Vimovo was first noted in progress report dated 01/07/15 and it appears that the treater is initiating this medication, as there are no records indicating prior use. In this case, the patient does not present with osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis which is indicated for use of Vimovo. There is no documentation of GI risk factors to warrant a combination NSAID/PPI therapy. Therefore, the request IS NOT medically necessary.