MAXIMUS Federal Services

Case Number:	CM15-0108210		
Date Assigned:	06/12/2015	Date of Injury:	06/05/2014
Decision Date:	07/17/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old female who reported an industrial injury on 6/5/2014. Her diagnoses include moderate "AC" joint arthritis; tendinosis or low-grade partial tear of the tendon; right "AC" joint degenerative joint disease; right shoulder impingement; right lateral epicondylitis; and cervicalgia. Recent magnetic imaging studies of the right shoulder were said to be done on 9/9/2014. Her treatments have included Tramadol, but this was discontinued duel its side effects. The progress notes of 4/17/2015 noted a follow-up visit to discuss her work status, and with reported complaints of neck pain with associated headaches that radiate down the right shoulder and upper extremity; improved with medications. Objective findings were noted to include decreased sensation over the left cervical dermatomes, and positive cervical impingement sign; and mild decrease in power with decreased range-of-motion in the right shoulder. The physician's requests for treatments were noted to include the continuation of Vimovo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500/200 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Section.

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

Decision rationale: The injured worker sustained a work related injury on 6/5/2014. The medical records provided indicate the diagnosis of moderate "AC" joint arthritis; tendinosis or low-grade partial tear of the tendon; right "AC" joint degenerative joint disease; right shoulder impingement; right lateral epicondylitis; and cervicalgia. The medical records provided for review do not indicate a medical necessity for Vimovo 500/200 mg #60. Vimovo is a combination of esomeprazole, a proton pump inhibitor, and naproxen, an NSAID. The MTUS is silent on this medication, but the Official Disability Guidelines does not recommend it as a first line drug; rather it recommends a trial of Omeprazole and Naproxen or similar combination before Vimovo therapy. The Official Disability Guidelines categorizes it as an N drug, meaning it requires utilization review for medical necessity. The medical records indicate the requested treatment has been reviewed by the utilization reviewer, but denied. Vimovo is not medically necessary because there was no supporting document from the prescriber with evidence of failed trial of Omeprazole and Naproxen; neither was there a document explaining why it is medically necessary beyond what is expected from Naproxen alone; or from Naproxen and a proton pump inhibitor (taken separately), if a proton pump inhibitor is considered to be medically necessary. Therefore, this request is not medically necessary.