

<b>Case Number:</b>	CM15-0132197		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	05/23/2015
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 52 year old female with an industrial injury dated 05/23/2015. The injured worker's diagnoses include lumbosacral sprain, generalized anxiety disorder and lumbar displacement. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 06/17/2015, the injured worker reported back pain unchanged from prior visit. Objective findings revealed nervousness, antalgic position and unchanged lumbosacral exam from prior visit. Treatment plan consisted of medication management, diagnostic studies and continuation of physical therapy. The treating physician prescribed Vimovo 500/20mg quantity 60 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimovo 500/20mg quantity 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, Pain, Vimovo.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and PPI Page(s): 68.

**Decision rationale:** Vimovo contains an NSAID. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Vimova also contains a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In addition, the claimant had been on NSAIDS previously for an unknown length of time. Long-term use is not indicated. Discontinuing NSAIDs and using alternatives would also eliminate the need for prophylaxis PPIs. Therefore, the continued use of Vimova is not medically necessary.