

Case Number:	CM15-0138343		
Date Assigned:	07/28/2015	Date of Injury:	03/30/2010
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 30, 2010. In a utilization review report dated June 25, 2015, the claims administrator failed to approve a request for Vimovo. The claims administrator referenced a June 18, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 30, 2015, the applicant reported ongoing complaints of low back, hip, and buttock pain. Norco was renewed. The applicant's medication list included Fetzima, Neurontin, metformin, Cymbalta, Prilosec, Norco, and extended release Wellbutrin, it was reported. Drug testing was performed. The applicant was off of work and on disability, the treating provider reported. There was no mention of the applicant's using Vimovo on this date. In a June 16, 2015 progress note, the applicant reported ongoing complaints of low back pain. Vimovo was endorsed, given the applicant's past issues with gastroesophageal reflux disease and dyspepsia with other medications. A historical progress note of May 28, 2015 suggested that the applicant was using methadone, Cymbalta, and Wellbutrin as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo DR #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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Vimovo (esomeprazole magnesium/ naproxen).

Decision rationale: No, the request for Vimovo (esomeprazole-naproxen) was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as esomeprazole (one component in the Vimovo amalgam) are recommended in the treatment of NSAID-induced dyspepsia, this recommendation is, however, qualified by commentary made in ODG's Chronic Pain Chapter, Vimovo Topic, to the effect that Vimovo is not recommended as a first-line therapy. ODG states that a trial of omeprazole and Naprosyn or similar combination is recommended before Vimovo therapy. Here, it did appear that the applicant was, in fact, receiving omeprazole from one of her treating providers, as suggested on a progress note of June 30, 2015, effectively obviating the need for the Vimovo at issue. Therefore, the request was not medically necessary.