

Case Number:	CM15-0186435		
Date Assigned:	09/28/2015	Date of Injury:	03/28/2015
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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 63 year old male, who sustained an industrial-work injury on 3-28-15. He reported initial complaints of head, neck, shoulder, and hand pain. The injured worker was diagnosed as having sprain of neck, sprain lumbar region, brachial radiculitis, closed fracture of base of skull without intracranial injury with state of consciousness, subdural hemorrhage, and post-concussive syndrome. Treatment to date has included medication, physical therapy, and psychology-psychiatry treatment. Currently, the injured worker complains of low, mid, and upper back pain as well as bilateral shoulder and hand pain. He had insomnia and intrusive memories of his injury. He had stomach upset when he ran out of Vimovo. Physical therapy and medication was helpful to reduce by 20% of pain and some increasing range of motion. Meds included Amatripaline, hydrocortisone, Ibanidronate sodium, and Vimovo. Per the primary physician's progress report (PR-2) on 8-26-15, exam noted tenderness to the supraspinatus insertion region with mildly positive crossed impingement sign bilaterally, mild palpable paraspinous spasm, decreased sensation to the right occipital temporal region. Current plan of care includes continuation of Vimovo and Duloxetine. The Request for Authorization requested service to include Vimovo 375/20mg #60 1 refill. The Utilization Review on 9-16-15 denied the request for Vimovo 375/20mg #60 1 refill, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 375/20mg #60 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs and Other Medical Treatment Guidelines <http://www.drugs.com/vimovo.html>.

Decision rationale: The injured worker sustained a work related injury on 3-28-15. The medical records provided indicate the diagnosis of sprain of neck, sprain lumbar region, brachial radiculitis, closed fracture of base of skull without intracranial injury with state of consciousness, subdural hemorrhage, and post-concussive syndrome. Treatment to date has included medication, physical therapy, and psychology-psychiatry treatment. The medical records provided for review do not indicate a medical necessity for Vimovo 375/20mg #60 1 refill. Vimovo is a compounded drug containing the proton pump inhibitor, esomeprazole, and the NSAID, naproxen. The MTUS is silent on this medication, but recommends that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records indicate the injured worker has a history of GERD; however, the Official Disability Guidelines states that compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. The medical records reviewed do not indicate the injured worker has failed or is intolerant of first line agents. Therefore, the request is not medically necessary.