

<b>Case Number:</b>	CM15-0187392		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	02/17/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 53 year old female, who sustained an industrial injury on 2-17-15. Medical records indicate that the injured worker is undergoing treatment for a back contusion, lumbosacral spondylosis, lumbar radiculitis, right lumbar radiculopathy, low back pain and mid back pain. The injured worker was noted to be working on restricted duty. On (8-18-15) the injured worker complained of low back pain and right hip pain which radiated down the bilateral legs. The pain was noted to be constant, sharp and burning. The pain was rated 8 out of 10 on the visual analogue scale. The pain was aggravated by bending, sitting and walking. Relieving factors include cold-heat applications and medications. Examination of the lumbar spine revealed tenderness over the paravertebral muscles and lumbar facets. Range of motion was limited due to pain. A straight leg raise test was positive on the right and lumbar facet loading was positive on both sides. Subsequent progress reports (4-3-15 and 3-20-15) did not provide documented pain levels. Treatment and evaluation to date has included medications, MRI of the lumbar spine (5-4-15), transcutaneous electrical nerve stimulation unit, a home exercise program and chiropractic treatments. Medications and treatments tried and failed include Ibuprofen and physical therapy. There is lack of documentation of gastrointestinal symptoms or a noted history of gastric disease with the injured worker. The request for authorization dated 9-8-15 requested Vimovo DR 500- 20mg # 60. The Utilization Review documentation dated 9-16-15 non-certified the request for Vimovo DR 500-20mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimovo DR 500-20mg one twice daily #60:** 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, GI symptoms & cardiovascular risk.

**Decision rationale:** Vimovo is a combination medication of naproxen and esomeprazole, a proton pump inhibitor. Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for esomeprazole is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated 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). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily); or (2) a Cox-2 selective agent. The cited records from 8/18/15 do not demonstrate that the patient is at risk for gastrointestinal events. There is no documented history of gastrointestinal symptoms or a history of gastric disease. Therefore determination is for non-certification for the requested Vimovo. The request is not medically necessary.