

Case Number:	CM15-0190343		
Date Assigned:	10/02/2015	Date of Injury:	10/15/2011
Decision Date:	11/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This is a 37-year-old male with a date of injury of October 15, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for radiculopathy, cervical radiculopathy, cervical pain, and shoulder pain. Medical records dated June 4, 2015 indicate that the injured worker complained of head pain, neck pain, right shoulder pain, bilateral arm pain, bilateral wrist pain and bilateral hand pain rated at a level of 8 out of 10 at best and "11 out of 10 at its worst". Records also indicate complaints of numbness, tingling, and weakness in the arms and hands. A progress note dated July 20, 2015 documented complaints similar to those reported on June 4, 2015. Per the treating physician (July 20, 2015), the employee has returned to work. The physical exam dated June 4, 2015 reveals somnolent appearance, tenderness to palpation over the bilateral cervical paraspinal muscles and superior trapezius, normal range of motion of the bilateral shoulders, tenderness to palpation over the posterior aspect of the right shoulder, and grossly intact sensation. The progress note dated July 20, 2015 documented a physical examination that showed no changes since the examination performed on June 4, 2015. Treatment has included medications (Motrin 800mg, Omeprazole 20mg, and Tramadol since at least June of 2015) and physical therapy. The original utilization review (September 23, 2015) non-certified a request for Vimovo DR 500-20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Vimovo DR 500/20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation Online Edition 2015 Pain Chapter (Chronic).

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 rationale: Vimovo contains an NSAID and 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. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. 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 anti-platelet use that would place the claimant at risk. In this case, the claimant has been on other NSAIDs and PPI for several months without significant improvement in pain scale ranges. Long-term use of both medications is not recommended nor justified. The claimant was also on opioids. Therefore, the continued use of Vimovo is not medically necessary.