

Case Number:	CM15-0192434		
Date Assigned:	10/06/2015	Date of Injury:	05/23/2015
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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, who sustained an industrial injury on 05-23-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar disc displacement, lumbar radiculopathy, lumbar degenerative disc disease, lumbar spinal stenosis, and anxiety. Medical records (05-24-2015 to 09-14-2015) indicate ongoing back pain with radiating pain into the right lower extremity. Pain levels were 7-8 out of 10 on a visual analog scale (VAS). Pain was described as being worse with flexion and standing. Records also indicate improved mobility from previous month (per the PR dated 08-14-2015); however, the PR dated 09-14-2015, indicates that the IW is unable to do her activities of daily living. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-14-2015, revealed lumbosacral fascia tenderness, flexion decreased by 9 inches from the floor, painful extension, and positive straight leg raises. Relevant treatments have included 6 sessions of physical therapy (PT) with minimal improvement, work restrictions, and pain medications (Vimovo and Pennsaid since 06-17-2015). The PR and request for authorization (09-14-2015) shows that the following medication were requested: Vimovo 500-20mg #180, Pennsaid 20mg #180, and Buspirone 5mg #90. The original utilization review (09-22-2015) non-certified the request for Vimovo 500-20mg #180, Pennsaid 20mg #180, and Buspirone 5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500mg/20mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Vimovo (esomeprazole magnesium/naproxen).

Decision rationale: Per the ODG guidelines: Not recommended as a first-line therapy. See Proton pump inhibitors (PPIs) & Naproxen. In May 2010 FDA approved Vimovo, a fixed-dose tablet combination of delayed-release enteric-coated naproxen and immediate-release esomeprazole magnesium (Nexium). The NSAID/PPI combo is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risk for NSAID-related gastric ulcers in susceptible patients. (FDA, 2010) As with Nexium, a trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy. Per the medical records submitted for review, the injured worker was treated with naproxen without any gastrointestinal complaint noted. As the requested combination tablet is not indicated, the request is not medically necessary.

Pennsaid 20mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Pennsaid is diclofenac topical solution and topical DMSO. With regard to topical diclofenac sodium, the MTUS states: "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.

Buspirone 5mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Anxiety Medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Anxiety medications in chronic pain.

Decision rationale: Per Micromedex Consumer Medication Information via PubMed Health, buspirone is used to treat certain anxiety disorders or to relieve the symptoms of anxiety. The ODG guidelines state "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications. Many antidepressants, in particular the Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety." Per progress report dated 9/14/15, it was noted that the injured worker was anxious, unable to concentrate, fearful of everything, and sleeping less than 5 hours a night. I respectfully disagree with the UR physician's denial based upon a lack of documented functional improvement. The guidelines do not mandate this documentation for the continued use of anxiety medications. The request is medically necessary.