

Case Number:	CM15-0193364		
Date Assigned:	10/07/2015	Date of Injury:	06/01/2001
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/01/2015

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:

The injured worker is a 64 year old male, who sustained an industrial injury on 6-1-01. The injured worker was diagnosed as having right knee moderate osteoarthritis, right knee arthroscopic partial medial meniscectomy x2, left knee arthroscopic medial meniscectomy x2, left knee arthroscopic removal of loose bodies and chondroplasty, and left total knee arthroplasty. Treatment to date has included multiple bilateral knee surgeries including left total knee replacement on 4-15-14, physical therapy, a home exercise program, a Synvisc injection, and medication including Vimovo, Glucosamine, and Zocor. Physical examination findings on 6-25-15 included bilaterally negative straight leg raises and intact sensation. The right knee was non-tender with no effusion; crepitus was present. A 1+ varus was noted for the left knee. On 6-25-15 right knee pain was rated as 5-10 of 10 and left knee pain was rated as 6-7 of 10. The injured worker had been taking Vimovo since at least June 2015. On 6-25-15, the injured worker complained of bilateral knee pain. The treating physician requested authorization for Vimovo 500-20mg #60 with 3 refills. On 9-16-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500/20mg #60 with 3 refills: 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), Pain, Vimovo.

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: 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. According to the MTUS guidelines, a proton pump inhibitor may 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, Vimovo contains an NSAID and a PPI. Long-term use of Vimovo can lead to side effects as noted above. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Future need cannot be predicted. The request for Vimovo with 3 refills is not medically necessary.