

<b>Case Number:</b>	CM15-0196986		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	03/04/2003
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 63-year-old female who sustained an industrial injury on 3-4-03. A review of the medical records indicates she is undergoing treatment for cervical-neck sprain and strain, carpal tunnel syndrome, and tenosynovitis of the wrist or finger. Medical records (5-15-15 to 8-24-15) indicate complaints of chronic pain of her hands, wrist, forearms, and elbows bilaterally. The 8-24-15 record indicates that she "has been having worse pain in her hands and arms, which is described as achy and gets worse with use". The records indicate that with worse pain in her hands, it "continues to limit her activities of daily living". She reports increased pain with any type of repetitive gripping. She is not working. The physical exam (8-24-15) reveals minimal swelling of her interphalangeal joints of both hands. Her handgrip is noted to be "poor" and she experiences pain extending up into the forearm. The record indicates she has "some pain with movement of the wrist, but mainly in full extension and full flexion". "Mild" tenderness is noted over the lateral epicondyle areas of the elbow. Full range of motion of the elbow is noted. Treatment has included activity modification and medications, including Vimovo 500-20 and Vicodin 5-300. She has been taking Vicodin for "severe" pain in her hands and arms, "averaging 2-3 tablets a day". She has been receiving both medications since, at least, 5-15-15. The utilization review (9-9-15) includes requests for authorization of one prescription of Vimovo 500-20mg #60 with 2 refills and Vicodin 5-300mg #90. The request for Vimovo was denied. Vicodin was modified to a quantity of 68.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Vimovo 500/20mg #60 with 2 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 (Chronic): Vimovo (esomeprazole magnesium/naproxen).

**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 chapter and pg 116.

**Decision rationale:** Vimovo contains an NSAID. 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 without consistent VAS score documentation. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Vimovo contains 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 antiplatelet use that would place the claimant at risk. In addition, the claimant was recently provided Aciphex along with Vimovo. This would indicate the provision of 2 PPIs without justification. The request for continued Vimovo is not medically necessary.

**One (1) prescription of Vicodin 5/300mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids, criteria for use, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Vicodin for over a year consistent VAS score documentation. There was no mention of Tylenol, or weaning failure. The continued use of Vicodin is not medically necessary.