

<b>Case Number:</b>	CM15-0201418		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	01/01/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 64 year old male injured worker suffered an industrial injury on 1-1-2012. The diagnoses included cervical and lumbar sprain, underlying cervical and lumbar degenerative joint disease and L1 compression fracture of indeterminate age. On 9-10-2015 the treating provider reported increased low back pain and continued neck pain as well as left thumb pain. On exam the cervical spine had tenderness of the muscles with crepitation with range of motion and associated spasm. The lumbar spine had tenderness of the thoracolumbar spine with associated spasms and splinting during decreased range of motion. The documentation provided did not include evidence of medical necessity or indication for treatment or failed therapies. There was no medical record evidence of risk factors concerning NSAID use. The Utilization Review on 9-21-2015 determined non-certification for Vimovo 500/20 mg QTY 60.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimovo 500/20 mg QTY 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Medications - compounded.

**Decision rationale:** The requested Vimovo 500/20 mg QTY 60.00 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine 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) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG) Pain (chronic), Medications compounded, do not recommend compounded medications as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has increased low back pain and continued neck pain as well as left thumb pain. On exam the cervical spine had tenderness of the muscles with crepitation with range of motion and associated spasm. The lumbar spine had tenderness of the thoracolumbar spine with associated spasms and splinting during decreased range of motion. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, Vimovo 500/20 mg Qty 60.00 is not medically necessary.