

Case Number:	CM15-0204961		
Date Assigned:	10/21/2015	Date of Injury:	09/05/2012
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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: Georgia

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 54 year old female, who sustained an industrial injury on 09-05-2012. She has reported injury to the neck. The diagnoses have included degeneration of cervicalgia; cervical intervertebral disc; unspecified myalgia and myositis; and unspecified neuralgia and radiculitis. Treatment to date has included medications, diagnostics, activity modification, ice, heat, TENS (transcutaneous electrical nerve stimulation) unit, home exercise program, and injections. Medications have included Ibuprofen, Celebrex, and Cyclobenzaprine. A progress report from the treating physician, dated 09-23-2015, documented a follow-up visit with the injured worker. The injured worker reported that her main complaint is cervical pain; she also complains of right shoulder pain and bilateral carpal tunnel pain; she currently experiences neck pain, neck stiffness, shoulder pain, radiating arm pain, arm-hand tingling and numbness, and low back pain; the pain is constant and mostly noticed in the PM; aggravating factors include movement and activity; relieving factors include medicine and less activity; Celebrex works only fair; she would like to discuss another medication for inflammation and pain; her average pain level with the current regimen of medication and injection is 6 out of 10 in intensity; and her pain level without medications is rated 8-9 out of 10 in intensity and functionality decreases by approximately 60%. Objective findings included she is alert and oriented; and she is in no acute distress. The treatment plan has included the request for Vivomo 500mg-20mg tablet immediate and delayed release 1 tablet once a day as needed for 12 days, dispense 12 tablets; and Vivomo 500mg-20mg tablet immediate and delayed release 1 tablet every 12 hours for 30 days, dispense 60 tablets. The original utilization review, dated 10-02-2015, non-certified the request for Vivomo 500mg-20mg tablet immediate and delayed release 1 tablet once a day as needed for 12 days, dispense 12 tablets; and Vivomo 500mg-20mg tablet immediate and delayed release 1 tablet every 12 hours for 30 days, dispense 60 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500mg-20mg tablet immediate & delayed release 1 tablet once a day PRN for 12 days dispense 12 tablet: 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 (ODG), Pain Chapter: Vimovo.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Vimovo 500mg-20mg tablet immediate & delayed release 1 tablet once a day PRN for 12 days dispense 12 tablet is not medically necessary. Vimovo is a non-steroidal anti-inflammatory combination medication with an H-2 blocker for GERD. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on oral anti-inflammatories. Additionally, there is lack of documentation of a true workup for GERD (gastrointestinal esophageal reflux disease). Finally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is not medically necessary.

Vimovo 500mg-20mg tablet immediate & delayed release 1 tablet every 12 hours for 30 days dispense 60 tablets: 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 (ODG), Pain Chapter: Vimovo.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: Vimovo 500mg-20mg tablet immediate & delayed release 1 tablet every 12 hours for 30 days dispense 60 tablets is not medically necessary. Vimovo is a non-steroidal anti-inflammatory combination medication with an H-2 blocker for GERD. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on oral anti-inflammatories. Additionally, there is lack of documentation of a true workup for GERD (gastrointestinal esophageal reflux disease). Finally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is not medically necessary.