

Case Number:	CM15-0206627		
Date Assigned:	10/23/2015	Date of Injury:	10/11/2012
Decision Date:	12/07/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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: Physical Medicine & Rehabilitation

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 36-year-old male, with a reported date of injury of 10-11-2012. The diagnoses include neck pain, cervical spondylosis without myelopathy, cervical spine degenerative disc disease, and thoracic strain. The progress report dated 08-27-2015 indicates that the injured worker stated that his pain on the left side returns from time to time and had recently flared-up. It was noted that the pain was thought to be secondary to facet arthropathy versus very mild rotator cuff bursitis. The report did not specify the site of pain. It was also noted that the injured worker had not taken any pain medication since March. The injured worker had been working full-time and full-duty. The average pain level (08-27-2015) was rated 8 out of 10; the pain level without medication was rated 7 out of 10; and the pain level with medication was rated 2 out of 10. The average pain level (05-08-2015) was rated 4 out of 10; the pain level without medication was rated 4 out of 10; and the pain level with medication was rated 2 out of 10. There was documentation that without pain medication the injured worker would be unable to work full-duty. The treating physician noted that there was no aberrant behavior. The physical examination showed a non-antalgic gait, normal heel-and-toe walk, level shoulders, level iliac crest, normal lumbar curve, normal thoracic spine convexity, no spasm, tenderness of the pericervical, normal paraspinous muscle tone, and tenderness to palpation of the bilateral paracervical muscles, left greater than right. It was noted that there was MRI evidence of neural foraminal stenosis at C3-4 and disc bulge at C6-7. The diagnostic studies to date have not been included in the medical records provided. According to the medical report dated 03-10-2015, the injured worker underwent a CT scan of the lumbar spine on 01-30-2013 which showed mild

levocurvature centered at L2-3, a mild broad-based disc bulge at L3-4, L4-5, and L5-S1, mild spinal canal narrowing and mild neural foraminal narrowing at L4-5 and L5-S1, an MRI of the lumbar spine on 02-08-2013 which showed mild right neural foraminal stenosis at C3-4 and a broad-based disc bulge at C6-7 that caused mild spinal and bilateral neural foraminal stenosis. Treatments and evaluation to date have included Norco, left C4-7 medial branch radiofrequency on 03-30-2015, Flexeril, and physical therapy. The treating physician requested Vimovo 500-200mg #60 for acute flare-up on the left side. On 10-12-2015, Utilization Review (UR) non-certified the request for Vimovo 500-200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500/200 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

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: Vimovo is a proton pump inhibitor (PPI-emomeprazole) combined with Naproxen, a NSAID. Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Additionally, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long- term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2012 injury without report of new injuries or progressive neurological deficits. NSAIDs are a second line medication after the use of acetaminophen. The request for Vimovo 500/200 #60 is not medically necessary and appropriate.