

<b>Case Number:</b>	CM15-0209340		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	11/10/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 60-year-old male, with a reported date of injury of 11-10-2014. The diagnoses include L4-5 stenosis, left L4-5 extruded disc herniation, left leg radiculopathy, status post L5 laminectomy and discectomy, low back pain, degeneration of lumbar disc, and sacroiliitis. The medical report dated 09-21-2015 indicates that the injured worker complained of constant left buttocks pain, with radiation down the lateral thigh through the calf to the lateral ankle and foot. He rated his pain 2-3 out of 10 with medication, and it increased to 6-7 out of 10 without medication. The physical examination showed a normal gait; normal heel-toe swing-through gait, with no evidence of limp; no evidence of weakness walking on the toes or the heels; well-healed mid-line lumbar spine incision; tenderness to palpation of the paravertebral muscles, bilaterally; no evidence of tenderness over the sacroiliac joints, bilaterally; intact sensation to light touch and pinprick in the bilateral lower extremities; negative bilateral straight leg raise. The injured worker was temporary totally disabled until 11-02-2015. The diagnostic studies to date have included an MRI of the lumbar spine on 07-07-2015 showed diffuse discogenic degenerative disease at L3-4 and L4-5, a large disc bulge at L4-5 with a superimposed left posteroinferior disc extrusion, which caused severe bilateral neuroforaminal narrowing and moderate spinal canal stenosis, and diffuse facet arthrosis at L3-4, L4-5, and L5-S1. Treatments and evaluation to date have included chiropractic therapy (beneficial), Percodan, Tizanidine, Gabapentin, Hydrocodone-acetaminophen, Meloxicam, Methylprednisolone, and Oxycodone-Acetaminophen. The request for authorization was dated 09-21-2015. The treating physician requested Vimovo 500-20mg #60 with two refills, one tablet twice a day. On 09-25-2015, Utilization Review (UR) non-certified the request for Vimovo 500-20mg #60 with two refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimovo strength 500mg-20mg #60/30, with 2 refills, oral NSAIDs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Vimovo (esomeprazole magnesium/naproxen).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain / Vimovo.

**Decision rationale:** Vimovo is composed of naprosyn and esomeprazole. Per ODG Pain / Vimovo: "Not recommended as a first-line therapy. See Proton pump inhibitors (PPIs) & Naproxen. In May 2010 FDA approved Vimovo, a fixed-dose tablet combination of delayed-release enteric-coated naproxen and immediate-release esomeprazole magnesium (Nexium). The NSAID/PPI combo is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risk for NSAID-related gastric ulcers in susceptible patients. (FDA, 2010) As with Nexium, a trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy." In this case there is no evidence of failure of first-line therapy and thus the request is not medically necessary.