

<b>Case Number:</b>	CM15-0029156		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	02/12/2009
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: New Jersey  
 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 53 year old female, who sustained an industrial injury on 2/12/2009. The diagnoses have included pain in limb, myalgia and myositis, unspecified, other synovitis and tenosynovitis, and other tenosynovitis of hand and wrist. Treatment to date has included conservative measures. Currently, the injured worker complains of pain and numbness in her right arm. She was using Vimovo twice daily as needed, mainly in the morning, but reported "stomach acid feeling" after she ate. Pain level was 7-9/10. Medications included Vimovo and Omeprazole. Firm muscle knots were noted in her trapezius, scaleni, supraspinatus, infraspinatus, teres, rhomboids, pectoralis, and upper quadrant muscle groups. Deep and focal palpation of the muscle knots elicited twitch response, with slight radiation pattern consistent with trigger point radiation pattern. Bilateral shoulder range of motion and motor strength were 4+/5. There was tenderness to palpation in bilateral elbows at the medial/lateral epicondyle, as well as common extensor mass/common flexor mass. Finkelstein's test was slightly positive. An anti-inflammatory topical cream compound was used for focal topical relief. Diagnostic testing results were not noted. On 1/26/2015, Utilization Review non-certified a request for Vimovo 20mg-500mg (#60), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimovo 20mg - 500mg #60, 2 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67, 68, 69, 73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 01/19/15), Vimovo (Esomeprazole Magnesium/Naproxen), and Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Vimovo is a combination drug which includes omeprazole and naproxen sodium. The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. Also, the MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient reporting of the measurable functional and pain-reducing effects of taking Vimovo. Also, there was no indication as found in the documents provided which suggested this worker was at an elevated risk for gastrointestinal events to warrant a combination drug with omeprazole in it. Although there was report of having stomach discomfort with NSAID use, this isn't enough reason alone to justify chronic use of a PPI, as it carries with it significant long-term side effects, as does chronic use of NSAIDs. Therefore, the Vimovo will be considered medically unnecessary.