

Case Number:	CM15-0213282		
Date Assigned:	11/03/2015	Date of Injury:	07/24/2011
Decision Date:	12/16/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/29/2015

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 45 year old, female who sustained a work related injury on 7-24-11. A review of the medical records shows she is being treated for neck pain. In the progress notes dated 6-26-15 and 9-4-15, the injured worker reports constant, dull, achy neck pain with numbness and tingling into both arms, right greater than left. She rates her pain a 6 out of 10. She reports pain relief from her medications. On physical exam dated 9-4-15, she has decreased cervical range of motion. She has tenderness along C7 spinous process with radiation down both arms, right greater than left. Treatments have included cervical epidural steroid injections, psychotherapy, and medications. Current medications include Prazosin and Gabapentin. No notation of working status. The treatment plan includes medication refills, for a cervical epidural steroid injection and for a psychology referral. The Request for Authorization dated 9-22-15 has requests for Gabapentin, Prazosin, a cervical epidural steroid injection, a psychology referral and a follow-up visit. In the Utilization Review dated 10-12-15, the requested treatment of Vimovo 500-20mg. #60 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500-20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Vimovo.

Decision rationale: The 45 year old patient complains of neck pain shooting down her left upper extremity and bilateral shoulder pain, as per progress report dated 09/21/15. The request is for Vimovo 500-20 mg #60. There is no RFA for this case, and the patient's date of injury is 07/24/11. The patient is status post right shoulder arthroscopy and subacromial decompression, as per progress report dated 09/21/15. Diagnoses also included right shoulder rotator cuff tendinitis, left shoulder tendinitis, cervical strain, degenerative disc disease of cervical spine, multilevel cervical disc herniation, neuropathic pain/ radiculitis of right upper extremity, headaches, right elbow medial epicondylitis, bilateral knee patellofemoral syndrome, and depression. Medications, as per pain management report dated 09/04/15, included Diclofenac and Omeprazole. Diagnoses, as per this report, included cervical radicular pain, lumbar radicular pain, post-traumatic stress disorder, anxiety and depression. Medications, as per this report, included Gabapentin and Prazosin. The patient is permanent and stationary, as per progress report dated 09/21/15. MTUS and ACOEM Guidelines do not address this request. ODG guidelines, Pain chapter under Vimovo states: "not recommended as a first-line therapy". The NSAID/PPI combo is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risks of NSAID-related gastric ulcers in susceptible patients. As with Nexium, a trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy." In this case, none of the progress reports available for review discuss the use of Vimovo. The reports, however, indicate that the patient has been using Diclofenac and Omeprazole in the recent past. Prior reports document the use of Naproxen and Omeprazole. As per progress report dated 09/21/15, the patient underwent psychological evaluation on 07/08/14, and it was determined that the patient's mental condition was impacting her gastrointestinal system and causing gastritis. As per progress report dated 09/04/15, Diclofenac and Omeprazole provide "functional improvement, pain relief, and gastritis relief." The treater, however, does not explain why the patient is being switched to Vimovo. ODG guidelines do not consider Vimovo as "a first-line therapy" and there is no indication of failure of Omeprazole and Naproxen or similar combination. Hence, the request is not medically necessary.