

Case Number:	CM15-0038917		
Date Assigned:	03/09/2015	Date of Injury:	11/14/2011
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

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 44-year-old female, who sustained an industrial injury on 11/14/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having adhesive capsulitis of the shoulder, rotator cuff syndrome, and cervicgia. Treatment to date has included magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the cervical spine, laboratory studies, physical therapy, medication regimen, and injections. In a progress note dated 11/19/2014 the treating provider reports complaints of neck and right shoulder pain with a post shoulder injection pain level of a four to five out of ten and a current pain level of a three out of ten with an average pain level of six out of ten. The treating physician requested the medication of Vimovo noting that the injured worker has complaints of an upset stomach secondary to Naproxen so Vimovo was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo DR 20/500mg 30 days #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Pages: 64, 102-105, 66 Page(s): NSAIDS. Pages: 64, 102-105, 66.

Decision rationale: Vimovo is a medication that combines Naproxen (an NSAID) and esomeprazole magnesium (PPI - Proton Pump Inhibitor). This patient was felt not to be able to tolerate Naproxen alone due to GI upset and therefore this combination pill was prescribed. First, chronic NSAIDS are not recommended by MTUS guidelines. "NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics". The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Second, even if an NSAID medication was recommended, taking a combination pill such as Vimovo is much more expensive than simply taking an over the counter PPI with the NSAID instead. This request is not considered medically necessary.