

<b>Case Number:</b>	CM15-0040662		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	01/12/2007
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 male who sustained an industrial injury on 01/12/2007. Current diagnoses include chronic low back pain and residual leg pain, status post back surgery- anterior and posterior fusion, rule out sacroiliac joint pain, myofascial pain/spasm, and chronic neck pain/arm pain. Previous treatments included medication management, physical therapy, epidural steroid injection, sacroiliac joint injection, home exercise program, and multiple surgeries. Current diagnostic studies included MRI of the right shoulder. Report dated 12/11/2014 noted that the injured worker presented with complaints that included low back pain, which radiates down the buttock into the legs/toes, low back pain status post fusion, and chronic right shoulder pain. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included continuing Norco, Duexis was discontinued, and a trial of Vimovo was prescribed. The physician noted that the fentanyl and trial of TN1 cream was to be held. It was further noted that the injured worker has tried and failed Celebrex and Duexis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimovo 500/20mg twice a day, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67 - 69.

**Decision rationale:** The patient is a 53-year-old male with an injury on 01/12/2007. He had low back, shoulder and neck pain. He had a lumbar fusion. Vimovo 500/20 is a combination medication that contains Naproxen 500 mg and Nexium 20 mg. Both components must be medically necessary in this combination for the requested drug to be medically necessary. Long term treatment with NSAIDS is not a MTUS recommended treatment as NSAIDS are associated with GI, renal and cardiovascular adverse effects and decrease soft tissue healing. Nexium is a proton pump inhibitor (PPI). In MTUS, Chronic Pain pages 68 - 69 under NSAIDS GI symptoms and cardiovascular risk, it is noted that PPI would not be medically necessary for this patient as he is less than 65 years old, has no peptic ulcer disease or GI bleed and is not taking anticoagulants. Thus, both components of the requested medication are not medically necessary.