MAXIMUS Federal Services

Case Number:	CM15-0058251		
Date Assigned:	04/03/2015	Date of Injury:	05/27/2011
Decision Date:	05/04/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/26/2015

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: Emergency Medicine

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 55 year old female who sustained an industrial injury on 5/27/2011. Her diagnoses, and/or impressions, include: chronic bilateral wrist tendinitis, and chronic bilateral forearm tendinitis. Current magnetic resonance imaging studies were not noted. Her treatments have included electrodiagnostic studies of the bilateral upper extremities on 10/15/14; medication management; thumb Spica braces; and she has been returned work without restrictions. The history notes multiple complaints with evaluations, of which include a significant insect bite to her left hand in 2009 and several motor vehicle accidents (MVA). Two MVA's, 10/1992 & 8/2000, caused back pain and subsequent whiplash injury, to her neck and back, both causing pain. The progress notes of 3/4/2015, shows complaints of pain, weakness, swelling, stiffness, numbness and tingling to her bilateral wrists and hands. The physician's requests for treatments included Vimovo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500/20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Vimovo, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-steroidal anti-inflammatory drugs)NSAIDs, GI symptoms and cardiovascular risk Page(s): 67 and 68-69.

Decision rationale: Vimovo is a brand name combination medication containing Naproxen and Esomeprazole.Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Documentation shows that patient has been on this medication chronically and is therefore not recommended.Esomeprazole is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS chronic pain guidenes, a PPI is recommended in patient's on NSAIDs with dyspepsia or is at high risk of GI bleed. Patient has had a history of acid reflux prior to use of NSAIDs. It is unclear why patient is on an expensive branded combination of naproxen and a PPI, both of which are now generic instead of taking individual medications. There is no documentation of failure of standard naproxen and omeprazole. Naproxen is also not recommended for chronic use. Vimovo is not medically necessary.