

Case Number:	CM14-0124639		
Date Assigned:	08/11/2014	Date of Injury:	05/14/2008
Decision Date:	10/14/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 64-year-old female with a 5/14/08 date of injury, and arthroscopic surgery of the left shoulder in May, 2009 and acromioclavicular joint surgery in May, 2010. At the time (7/14/14) of request for authorization for Vivomo 500/20mg, qty 60 with 3 refills, there is documentation of subjective (left shoulder pain) and objective (decreased range of motion of the left shoulder and tenderness to palpation over the anterior aspect of the left shoulder) findings, imaging findings (X-rays of the left shoulder (unspecified date) report revealed evidence for subacromial decompression and distal clavicle resection), current diagnoses (status post left shoulder surgery and status post acromioclavicular joint surgery), and treatment to date (medications (including Vicodin)). There is no documentation of signs and symptoms of osteoarthritis, rheumatoid arthritis, or ankylosing spondylitis; and the need to decrease the risk of developing gastric ulcers in patient at risk of developing NSAID-associated gastric ulcers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vivomo 500/20mg, qty 60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2013 Official Disability Guidelines, 18th Edition, Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/pro/vimovo.html>

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Medical treatment guideline identifies documentation of signs and symptoms of osteoarthritis, rheumatoid arthritis, or ankylosing spondylitis and the need to decrease the risk of developing gastric ulcers in patients at risk of developing NSAID-associated gastric ulcers, as criteria necessary to support the medical necessity of Vivomo. Within the medical information available for review, there is documentation of diagnoses of status post left shoulder surgery and status post acromioclavicular joint surgery. However, there is no documentation of signs and symptoms of osteoarthritis, rheumatoid arthritis, or ankylosing spondylitis and the need to decrease the risk of developing gastric ulcers in patient at risk of developing NSAID-associated gastric ulcers. Therefore, based on guidelines and a review of the evidence, the request for Vivomo 500/20mg, qty 60 with 3 refills is not medically necessary.