

<b>Case Number:</b>	CM14-0131949		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/30/1998
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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:

The employee was a 53 year old female who sustained a low back injury on 09/30/98 after falling from a loading dock. Her visit notes from 08/06/14 were reviewed. She had ongoing low back pain limiting ADLs and walking. It had failed to improve with conservative treatment. Over the previous 4 months, she had increasing low back pain with radiation into right anterior thigh. She also had numbness in left foot. She reported some side effects with Vimovo and was going to be monitored for a month. Her pain was 5/10 in rating and worsened to 10/10 at times. Pertinent review of systems included absent nausea, vomiting, diarrhea and abdominal pain. Pertinent exam findings included tenderness over facets of lumbar spine. The diagnoses included lumbar radiculopathy, facet arthropathy, degenerative disc disease and lumbosacral sprain/strain. Her medications included Vimovo 375/20mg, Voltaren Gel 1%, Lidoderm patch, Norco QID, Fentanyl and Valium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimovo 325-20 Mg #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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The request was for Vimovo which is Esomeprazole/Naprosyn. According to Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option in chronic low back pain for short-term symptomatic relief. Guidelines don't endorse long term use. According to the chronic pain guidelines, proton pump inhibitors are indicated in the treatment of NSAID-induced dyspepsia. In addition proton pump inhibitors can be used as a prophylaxis for patients with underlying cardiovascular disease and with high risk factors for gastrointestinal events including age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or oral anticoagulant and high-dose multiple NSAID use. The limited information given in this case suggests that the employee was probably being given the proton pump inhibitor for protective purposes without actual symptoms of dyspepsia. In addition there was no documentation that she is on multiple NSAIDs in conjunction with corticosteroids or anticoagulants and she is also younger than 65 years of age without any documented cardiovascular history. The request for Vimovo which is Naprosyn with Esomeprazole is not medically necessary and appropriate.