

<b>Case Number:</b>	CM14-0138513		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/30/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 62-year-old gentleman was reportedly injured on June 30, 2013. The most recent progress note, dated July 28, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. There were complaints of constipation in the injured employee stopped all prior medications. The physical examination demonstrated decreased lumbar spine range of motion in all directions and a positive bilateral straight leg raise test. There was weakness with the right side psoas, anterior tibialis, extensor hallucis longus, and gastrocnemius. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for Vimovo and a Medrol dose pack and was not certified in the pre-authorization process on August 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimovo 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127..

**Decision rationale:** Vimovo is a combination of Naproxen and Esomeprazole. Esomeprazole is a proton pump inhibitor intended for treatment for individuals with gastrointestinal events or cardiovascular issues with concurrent NSAID usage. According to the attach medical there is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Vimovo is not medically necessary.

**Medrol dose pack #1:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Corticosteroids.

**Decision rationale:** According to the Official Disability Guidelines the use of oral corticosteroids should be limited to acute radicular pain and is not indicated for patients for acute nonradicular pain, or chronic pain. As the stated date of injury is over year ago, this request for a Medrol dose pack is not medically necessary.