

Case Number:	CM14-0178372		
Date Assigned:	10/31/2014	Date of Injury:	06/02/2013
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine, and is licensed to practice in New York. 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 injured worker is a 48 year old woman with a date of injury of 6/2/13. She was seen by her physician on 9/26/14 with complaints of pain in upper extremities, shoulders and hands. She has tried physical therapy and splints. She stated she had improved with oral NSAIDs. She was currently taking ibuprofen. She had no abdominal pain, nausea or vomiting. Her exam showed positive Phalen's and Tinel's signs bilaterally with painful passive range of motion in both wrists. She also had pain over the medial and lateral epicondyles of the elbows with positive Cozen's maneuvers. Tinel's was negative at the ulnar grooves. She had full active elbow range of motion and no triggering of the digits on flexion to extension. She had some disuse atrophy in her thenar eminences. Her diagnosis was bilateral carpal tunnel syndrome with chronic tendinitis in the wrists and forearms. At issue in this review is the new prescription for Vimovo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Vimovo 500mg-20mg #60 between 9/26/2014 and 12/5/2014.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-73 and 68-69.

Decision rationale: Vimovo is a combination of Naproxen and Omeprazole. This injured worker has chronic pain and has been using Ibuprofen for pain. Per the chronic pain guidelines for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status to justify long-term use of a NSAID versus other medications such as Gabapentin which was approved. Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she has any abdominal symptoms or that she meets these criteria or that she is at high risk of gastrointestinal events to justify medical necessity of Omeprazole. Overall, the prescription for Vimovo is not medically substantiated.