

Case Number:	CM14-0215023		
Date Assigned:	01/02/2015	Date of Injury:	08/17/2013
Decision Date:	02/23/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 60-year-old man with a date of injury of August 19, 2013. The mechanism of injury occurred while standing on top of a pickup truck cutting metal with a torch. The metal fell towards him causing him to fall down towards a bin of tools. He started having back pain radiating down his legs. He also has numbness and tingling in the right leg. The injured workers working diagnoses are status post injury to the left buttocks; lumbar strain; left leg radiculopathy; and positive EMG on the right. Pursuant to the progress note dated December 24, 2014, the IW complains of back pain that radiates to the left leg, and to the right leg to a lesser degree. Objectively, the IW walks slowly. He has difficulty with standing on his heels and toes. Straight leg raise test is positive on the left with maximum elevation. There is tenderness of the SI joint. There is swelling of the buttocks region. Documentation indicates the IW has anti-inflammatory medications. The name of the medication is not provided. The current medication list is not documented. It is unclear as to when the anti-inflammatory medications was prescribed due to lack of documentation. There is no evidence of objective functional improvement associated with the ongoing use of anti-inflammatory medications. The treatment plan is to see a pain management specialist. The IW was instructed to return in 4 to 6 weeks. The current request is for Vivomo 375mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vivomo 375mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI, Omeprazole Page(s): 22, 67-68. Decision based on Non-MTUS Citation NSAI and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vivomo (naproxen/esomeprazole) 375 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Esomeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin or corticosteroids; or high-dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are status post injury to the left buttocks; lumbar strain; left leg radiculopathy; and positive EMG on the right. The documentation of the medical record indicates the injured worker was receiving anti-inflammatory medication. However, there were no call more problems or past medical history compatible with risk factors for gastrointestinal events. Specifically, there was no history of peptic ulcer or disease, G.I. bleeding, concurrent aspirin use, etc. Consequently, absent documentation with risk factors for gastrointestinal events, Vivomo (naproxen/esomeprazole) 375 mg #60 is not medically necessary.