

Case Number:	CM14-0217069		
Date Assigned:	01/06/2015	Date of Injury:	02/02/2012
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/29/2014

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 53 year old female sustained a work related injury on 2/2/2012. The mechanism of injury was not described. The current diagnoses are left shoulder impingement, partial tear of the rotator cuff, and left elbow tendonitis. According to the progress report dated 10/27/2014, the injured workers chief complaints were left arm, shoulder, and elbow pain. The physical examination revealed tenderness of the left elbow. Range of motion of the left shoulder was decreased. Hawkins, impingement, and provocative testing are positive. The medication list was not specified in the progress reports provided. The injured worker was previously treated with medications, acupuncture, physical therapy, and cortisone injection. On this date, the treating physician prescribed Vivomo 375mg # 60, which is now under review. In addition to Vivomo, the treatment plan included acupuncture. The MRI of the left shoulder (4/4/2014) shows a low-grade partial thickness scar, intrasubstance grade partial thickness of the articular surface of the infraspinatus with tightness of the AC joint. When Vivomo was prescribed work status was regular. On 12/4/2014, Utilization Review had non-certified a prescription for Vivomo 375mg # 60. The Vivomo was non-certified based on no clear evidence whether compounding medications are more efficacious than single medications. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vivomo 375mg quantity 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 (ODG), TWC, www.odgtreatment.com, Work Loss Data Institute, www.worklossdata.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Chronic Pain, Naproxyn

Decision rationale: Vimovo contains a combination of Esomeprazole and Naproxen, which is an NSAID. MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. No documentation of neuropathic pain is present. As such, the request for Vivomo is not medically necessary.