

Case Number:	CM15-0013087		
Date Assigned:	01/30/2015	Date of Injury:	01/14/2010
Decision Date:	03/19/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/22/2015

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: Texas, Ohio, California
 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:

The injured worker is a 53 year old male, who sustained an industrial injury on 1/14/10. He has reported injury to right shoulder, neck and right hand. The diagnoses have included right shoulder injury, cervical radiculopathy, right carpal tunnel syndrome. Treatment to date has included medications, diagnostics and cortisone injections. Currently, the injured worker complains of severe pain right shoulder that increases with internal and external rotation of the right arm. Physical exam revealed there was sensory loss to right second, third, fourth and fifth fingers right hand. There was no biceps reflex and reduction in the right brachioradialis reflex. There was a clicking noise in the right shoulder when he raises the arm. There was also moderate muscle spasm right trapezius muscle. He has increased pain with internal and external rotation right shoulder joint and positive Tinel sign right wrist with a positive Phalen test. The Magnetic Resonance Imaging (MRI) right shoulder dated 4/2/14 revealed tendinitis, tenosynovitis, and bursitis with joint effusion. The injured worker received a cortisone injection to the right shoulder with temporary relief. Treatment was to continue Norco, soma and to prescribe Vimovo for controlling the shoulder pain. The urine drug screen dated 1/25/14 was inconsistent with medications prescribed. On 1/5/15 Utilization Review non-certified a request for Vimovo, quantity 60, noting that based on the guidelines it is recommended as second line option after the failure of first line proton pump inhibitors for people with high risk for gastrointestinal events. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C. Decision based on Non-MTUS Citation National Library of Medicine

Decision rationale: FILE NUMBER: [REDACTED] The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 14, 2010. In a Utilization Review Report dated December 5, 2015, the claims administrator denied a request for Vimovo reportedly prescribed and/or dispensed on December 23, 2014. The claims administrator apparently invoked non-MTUS ODG Guidelines to deny the request for Vimovo. The applicant's attorney subsequently appealed. In a February 22, 2014 RFA form, Arthrotec, Norco, and Soma were endorsed. In a subsequent progress note dated January 20, 2015, the applicant reported ongoing complaints of shoulder, neck, and wrist pain. The applicant was already permanent and stationary. Norco, Soma, and Arthrotec were endorsed. The applicant was status post earlier cervical fusion surgery, it was acknowledged. In an earlier note dated June 12, 2014, the applicant was again given prescriptions for Arthrotec, Soma, and Vicodin. There was no mention of any issues with reflux, heartburn, and/or dyspepsia on that occasion. On December 20, 2014, the attending provider stated that the applicant had ongoing complaints of shoulder, wrist, and neck pain. The attending provider suggested that the applicant employ Soma, Norco, and Vimovo. There was no mention of any issues with reflux, heartburn, and/or dyspepsia on that occasion. On an earlier note of November 20, 2014, the applicant was asked to employ Norco, Soma, and Duexis for pain relief. Once again, there was no mention of any issues with reflux, heartburn, and/or dyspepsia. REFERRAL QUESTIONS: 1. No, the request for Vimovo was not medically necessary, medically appropriate, or indicated here. Vimovo, per the National Library of Medicine, is an amalgam of naproxen and esomeprazole, a proton pump inhibitor. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as esomeprazole in applicants with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple progress notes, referenced above, throughout late 2014 and early 2015. Therefore, the request for Vimovo was not medically necessary. REFERENCES: 1. MTUS Chronic Pain Medical Treatment Guidelines, page 69, NSAIDs, GI Symptoms, and Cardiovascular Risk topic. 2. National Library of Medicine (NLM), Vimovo Medication Guide.