

Case Number:	CM15-0124992		
Date Assigned:	07/09/2015	Date of Injury:	09/11/2014
Decision Date:	09/17/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 36-year-old female injured worker suffered an industrial injury on 09/11/2014. The diagnoses included lumbar radiculopathy, lumbar spondylosis and NSAID gastritis. The injured worker had been treated with medications and epidural steroid injections. On 6/15/2015, the treating provider reported that the injured worker had an exacerbation of her lumbar radiculopathy. She had an epidural injection with good relief but she stopped the Motrin. There was increased spasms and pain. There was also stomach upset with the Motrin. She still had a burning sensation in the right lower extremity. The pain was rated 9/10 with decreased activity. On exam, there was lumbar tenderness and spasms of the lumbar muscles bilaterally. The straight leg raise was positive on the right. The injured worker had returned to work without restrictions. The treatment plan included Vimovo and Lorzone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 200/20 mg: 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), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vimovo (esomeprazole magnesium/ naproxen).

Decision rationale: Vimovo is a combination of delayed-release Enteric-coated Naproxen, a Non-steroidal anti-inflammatory drug (NSAID), and Immediate-release Esomeprazole magnesium (Nexium), a Proton Pump Inhibitor (PPI). ODG states that this medication is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risk for NSAID-related gastric ulcers in susceptible patients. ODG recommends a trial of Omeprazole and Naproxen or similar combination before initiating Vimovo therapy. Documentation shows that the injured worker complains of stomach upset with the Motrin. The continued use of NSAIDs may increase the risk of GI events. Documentation further fails to show previous trial of recommended first line therapy such as Omeprazole and Naproxen or a similar combination. With guidelines not being met, the request for Vimovo 200/20 mg is not medically necessary.

Lorzone 750 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: MTUS Chronic pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. Lorzone had advantages over other muscle relaxants that included reduced sedation and less evidence for abuse. The documentation provided revealed the injured worker was prescribed this medication for an acute exacerbation of back pain with spasms. This meets the criteria for use. Therefore, Lorzone is medically necessary.