

Case Number:	CM15-0046286		
Date Assigned:	03/18/2015	Date of Injury:	06/22/1987
Decision Date:	05/26/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/11/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 54-year-old male who sustained an industrial injury on 6/22/1987. Recently he reported radiating lower back pain, improved on medication. The injured worker has been diagnosed with, and/or impressions were noted to include, severe left hip degenerative joint disease - pelvis; status-post left greater trochanter bursitis; and status-post total hip replacement. Treatments to date have included consultations; magnetic resonance imaging studies, lumbar (1/23/15); physical therapy, failed; lifestyle modifications, ineffective; temporary bed rest, satisfactory; and medication management. Recent history notes complaints of mild to moderate lower back pain with radicular symptoms to the lower extremities and numbness over the anterior right thigh, and left hip pain; all of which are severe without medication. He is noted to have been placed on temporary total disability until 3/15/2015, and returned to full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Vimovo 500/30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Vimovo (esomeprazole magnesium/Naproxen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. The MTUS Guidelines also state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, he was prescribed Vimovo, a combination drug (naproxen/omeprazole). The records provided for review do not support the use of this medication to be used chronically. There was no evidence found to suggest a PPI and an NSAID in a combination is necessary over individual and separate medications. Also, the reported benefits of previous use of NSAIDs were not defined enough and also currently not specific enough to mention functional gains directly related to their continual use. Chronic use of NSAIDs for persistent low back pain as it carries significant side effect risks. Also, there was no history to suggest this worker was at an elevated risk for gastrointestinal events to warrant chronic use of omeprazole. Therefore, considering the above, Vimovo will be considered medically unnecessary.