

<b>Case Number:</b>	CM15-0065471		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old female, who sustained an industrial injury on June 23, 2011. The injured worker has been treated for cervical, lumbar and bilateral leg pain. The diagnoses have included cervical spondylosis, lumbar spondylosis, left lower extremity radiculopathy, lumbar five-sacral one retolisthesis, cervical degenerative disc and facet disease, thoracic degenerative disc disease, lumbar degenerative disc disease, headaches and chronic low back pain. Treatment to date has included medications, radiological studies, physical therapy, epidural steroid injections and radiofrequency ablation. Current documentation dated January 8, 2015 notes that the injured worker reported no significant changes in her neck, low back and bilateral leg pain. The injured workers headaches were noted to be intermittent at two per week. Examination of the lumbar spine revealed tenderness without spasms of the paraspinal muscles as well as bilateral lower extremity pain, left leg greater than the right. Range of motion was noted to be decreased. Examination of the cervical spine revealed pain which was noted to be causing headaches. The examination also showed crepitus and a decreased range of motion. The treating physician's plan of care included a request for the medications Norco and Vimovo.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, # 150 no NDC #, no refills, narc analgesic: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #150 is not medically necessary.

**Vimovo 500/20mg, #60, no NDC #, no refills, combo NSAID/PPI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (Web), 2013, Pain Chapter, Vimovo (esomeprazole magnesium/naproxen).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Vimovo.

**Decision rationale:** Vimovo is formed by esomeprazole and naproxen. According to ODG guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. In addition, there is no controlled studies supporting the superiority of the use of Vimovo to Naproxen and Omeprazol used separately. Therefore, Vimovo 500mg/20mg #60 prescription is not medically necessary.

