MAXIMUS Federal Services

Case Number:	CM15-0072414		
Date Assigned:	04/22/2015	Date of Injury:	10/24/2004
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/16/2015

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: California, Indiana, 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 injured worker is a 63 year old female, who sustained an industrial injury on October 24, 2004. The injured worker has been treated for low back, left wrist and right thumb complaints. The diagnoses have included low back pain, lumbar disc displacement, lumbar radiculopathy, chronic left wrist pain, right thumb basal joint osteoarthritis and attenuated scapholunate ligament. Treatment to date has included medications, radiological studies, a home exercise program, right thumb surgery and physical therapy. Current documentation dated March 17, 2015 notes that the injured worker reported constant low back pain with radiation to the bilateral lower extremities with associated weakness, numbness and tingling. Examination of the lumbar spine revealed tenderness, paralumbar spasms bilaterally and atrophy in the quadriceps. Range of motion was decreased. A straight leg raise test was positive bilaterally. Sensation to light touch was diminished in the left lateral thigh and the lateral foot bilaterally. The treating physician's plan of care included a request for the medication Vimovo 20/500 mg # 60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 20/500mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for

Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 03/23/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI and Omeprazole Page(s): 22, 67, and 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAI, Omeprazole.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vimovo 20/500mg #60 with 1 refill is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin of corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Vimovo contains Naproxen and Esomeprazole. In this case, the injured worker's working diagnoses are low back pain; lumbar disc displacement; and lumbar radiculopathy. Documentation from a December 8, 2014 progress note shows the treating provider gave samples of Vimovo to the injured worker. The most recent progress dated March 17, 2015 indicates the injured worker, subjectively, complaints of low back pain. There are no adverse side effects with Vimovo with a pain scale 4-5/10. Objectively, there is a paralumbar spasm to palpation. Motor examination of the lower extremities is normal. There are no comorbid conditions, past medical history or risk factors for gastrointestinal events. Specifically, there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin of corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. There is no clinical indication or rationale for a proton pump inhibitor. The documentation states Vimovo better manages the injured worker's symptoms than naproxen or Anaprox alone. Consequently, absent clinical documentation with a clinical indication or rationale for the proton pump inhibitor portion of Vimovo, Vimovo 20/500 mg #60 with 1 refill is not medically necessary.