

Case Number:	CM15-0095031		
Date Assigned:	05/21/2015	Date of Injury:	03/30/2002
Decision Date:	06/24/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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: Arizona, California
 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 61 year old male who sustained an industrial injury on 3/30/02. The injured worker was diagnosed as having cervical degenerative disc disease and headaches. Currently, the injured worker was with complaints of pain in the shoulders and neck with associated headaches. Previous treatments include status post left shoulder arthroscopic surgery, injections and medication management. Previous diagnostic studies included radiographic studies revealing left distal clavicle excision and right shoulder acromioclavicular joint severe degenerative joint disease. Physical examination was notable for pain with cervical range of motion. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500/20mg quantity 60 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID/PPI Page(s): 67-69.

Decision rationale: Vimovo is a combination NSAID/PPI. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Vimovo for over 5 months and required the use of combination NSAID/PPI for GI protection without indication. There was no documentation of Tylenol failure. Pain scores were not noted. Long-term NSAID use has renal and GI risks. PPI is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Vimovo is not medically necessary.