

<b>Case Number:</b>	CM13-0025852		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the medical records, the patient is a 39-year-old male who sustained an industrial injury on June 25, 2009. The claim is accepted however according to the adjuster the upper extremities, neck and psych" are disputed. An AME was completed by [REDACTED] on August 12, 2013. His past medical history was unremarkable. The patient was diagnosed with injury to the right middle finger requiring surgery times two, history of reflex sympathetic dystrophy now controlled with pain medications and the spinal cord stimulator, left upper extremity symptoms predominantly involving the left hand and shoulder and possible peripheral nerve injury due to toniquet application. Future medical care was to allowed for periodic visits to physicians and prescriptive medications. A course of physical therapy and pain medications in the treatment of flare-ups would be appropriate. His spinal cord stimulator may require adjustments and replacement in the future. A psychiatric evaluation was completed by [REDACTED] on June 10, 2013. The patient was previously examined on June 12, 2012 and was diagnosed with pain disorder and anxiety disorder. Medication and psychological intervention and therapy were recommended. It was noted the AME: apportioned 15% to pre-existing factors with 85% related to the industrial injury. [REDACTED] felt the psychiatric apportionment was appropriate. Medical record dated May 23 , 2013 noted currently medications were Lyrica 150 mg three time daily, Dexilant 60mg one daily, Zanaflex 4 mg twice daily, Colace 100 mg twice daily, Norco 10/325mg #120 four times a day and Topamax 100 mg thrice daily. At issue is the request for Dexilant DR 60mg daily #30which was denied for lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant DR #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Section Page(s): 68.

**Decision rationale:** The California MTUS Guidelines recommend to determine first the risk factors for gastrointestinal events and cardiovascular disease. When a patient is at a low risk for gastrointestinal event and cardiovascular disease, a full-dose naproxen is the preferred choice of NSAID medication. confirms that GI prophylaxis is indicated in patients with history of peptic ulcer, GI bleed perforation, patients above 65-years of age, patients prescribed aspirin, steroids, anticoagulants and NSAIDs either single or in multiple doses. If and when naproxen is ineffective, the addition of an aspirin. and a PPI is an option. A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200  $\hat{I}$ 4g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44).According to medical records, the patient did not have a history of gastrointestinal issues, and additionally, the patient was not concurrently prescribed aspirin, corticosteroids, anticoagulants, or a high dose of NSAIDs that have caused an adverse reaction in the past. According to [REDACTED], Dexilant (lansoprazole) is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who at risk of gastro-intestinal bleeding. is used to treat gastro esophageal reflux disease (GERD), a condition in which backward flow of acid from the stomach causes heartburn and possible injury of the esophagus (the tube between the throat and stomach). Prescription lansoprazole is used to treat the symptoms of GERD, allow the esophagus to heal, and prevent further damage to the esophagus. Prescription lansoprazole is also used to treat ulcers (sores in the lining of the stomach or intestine), to prevent more ulcers from developing in people whose ulcers have already healed, and to decrease the risk that people who are taking nonsteroidal anti-inflammatory drugs (NSAIDs) will develop ulcers. Prescription lansoprazole is also used to treat conditions where the stomach produces too much acid, such as Zollinger-Ellison syndrome. Prescription lansoprazole is also used in combination with other medications to treat and prevent stomach ulcers caused by a certain type of bacteria (*H. pylori*). Nonprescription (over-the-counter) lansoprazole is used to treat frequent heartburn (heartburn that occurs two or more days per week). Lansoprazole is in a class of medications called proton pump inhibitors. It works by decreasing the amount of acid made in the stomach. Taking into consideration the above discussion, the retrospective request for Dexilant DR #30 is not medically necessary since there was no report of any history gastritis or GI symptoms, beside the patient is not on NSAID.