

<b>Case Number:</b>	CM13-0036256		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/20/1987
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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:

The patient is a 65 year old female with a reported date of injury on 03/20/1987. The patient presented with neck pain radiating from the neck down the left arm, back pain radiating from the low back, down both legs; pain and numbness in the left foot, imbalance, spasms in the right leg, poor quality of sleep, and increased difficulty with both standing and sitting for prolonged periods of time. The patient had diagnoses including lumbar radiculopathy and low back pain. The physician's treatment plan included a request for Dexilant 30 gm, 30 day supply as related to cervical/lumbar injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant 30mg 30 day supply as related to cervical/lumbar injury:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms Page(s): 68-69.

**Decision rationale:** The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for patients at intermediate risk for gastrointestinal events with no

cardiovascular disease and patient at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note to determine if the patient is at risk for gastrointestinal events: (1) age greater than 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). Within the provided documentation, the requesting physician's rationale for the request was unclear. Within the provided documentation, the requesting physician did not include adequate documentation of the efficacy of the medication. Additionally, within the provided documentation, it did not appear the patient had a history of peptic ulcer, GI bleeding, or perforation, in order to demonstrate the patient's need for the medication at this time. Therefore, the request for Dexilant 30 mg 30 day supply as related to cervical/lumbar injury is neither medically necessary nor appropriate.