

<b>Case Number:</b>	CM13-0045779		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/31/2006
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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/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:

This is a 47 year-old female with a 5/31/06 industrial injury claim. The 9/17/13 internal medicine report from [REDACTED], shows the industrial-related diagnoses as: abdominal pain; constipation; GERD; sleep disorder, rule out obstructive sleep apnea; nausea; asthma; and anal pain, r/o hemorrhoids. According to [REDACTED], the patient presents with periumbilical pain secondary to constipation, which is worsening. The acid reflux is worsening and anal pain is ongoing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **30 DEXILANT 30MG WITH 2 REFILLS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation article from the Journal of Gastrointestinal Surgery, "Proton Pump Inhibitors in the management of GERD".

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIS)

**Decision rationale:** The patient is being managed by an internal medicine specialist who diagnosed GERD and recommended Dexilant as part of the treatment plan as the patient's symptoms have worsened. The records show the patient has tried Protonix in the past. (4/29/13)  
The request for Dexilant as an alternative option is in accordance with the FDA labeling and with ODG guidelines.