

Case Number:	CM14-0008696		
Date Assigned:	02/12/2014	Date of Injury:	08/10/2011
Decision Date:	07/09/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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 and is licensed to practice in Illinois. 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:

The injured worker is a 44-year-old female who reported an injury on 08/10/2011. The mechanism of injury was related to a fall. Per the evaluation dated 12/04/2013, the injured worker reported acid reflux symptoms were controlled, and denied any nausea, vomiting, dysphagia or anorexia. The injured worker denied any new complaints. Diagnoses for the injured worker were reported to include status post work related injury, orthopedic diagnosis, GERD secondary to NSAIDS, status post H. pylori eradication, anemia, elevated TSH, cephalgia. The request for authorization for medical treatment for the Dexilant 30 mg was dated 10/30/2013. The provider's rationale for the request for the Dexilant was not provided within the documentation. Treatments reported for the injured worker were reported to include medication and a consultation with a gastroenterologist and an upper GI series to be requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEXILANT 30 MG ONCE DAILY: 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 Page(s): 68-69.

Decision rationale: Dexilant is a prescription medication called a proton pump inhibitor. Per California MTUS Guidelines to determine if a patient is at risk for gastrointestinal events, 1 or more of the following criteria need to be met: Age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose multiple NSAIDS. Recent studies tend to show that H. pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is a lack of documentation regarding the current use of NSAIDS and negative side effects associated with that use. There is a lack of documentation regarding other potential causative or contributory factors related to the acid reflux including peptic ulcer, GI bleeding or perforation. There is a lack of documentation regarding the length of time the injured worker was using the NSAIDS. The documentation provided noted the injured worker experienced no nausea, vomiting, dysphagia, loss of appetite, or weight loss as a result of the acid reflux. In addition, the injured worker was under the age of 65, had no history of peptic ulcer, GI bleeding, perforation, was no longer using NSAIDS, was not taking any corticosteroids or an anticoagulant. Therefore, the request for the Dexilant 30 mg once daily is not medically necessary.