

Case Number:	CM14-0102206		
Date Assigned:	07/30/2014	Date of Injury:	06/27/2011
Decision Date:	10/02/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/02/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 27, 2011. In a Utilization Review Report dated June 4, 2014, the claims administrator denied a request for Dexilant and partially certified a request for Reglan. The claims administrator based its denial of Dexilant on the fact that Dexilant was deemed an "N" drug on ODG's formulary, which California has not adopted, it is incidentally noted. In a May 8, 2014 progress note, the applicant was given diagnoses of gastroesophageal reflux disease/GERD and gastritis. The attending provider stated that dietary measures had been helpful in one section of the note. The attending provider then stated that the applicant had reported minimal improvement in gastrointestinal section in another section of the report. The applicant was nevertheless asked to continue Dexilant and Reglan while obtaining ultrasound of the gallbladder to rule out cholelithiasis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #100, 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Dexilant are indicated to combat issues with NSAID-induced dyspepsia. In this case, the applicant appears to be having issues with stand alone reflux/stand alone dyspepsia, it is suggested on the attending provider's admittedly incomplete documentation. Continuing the same, on balance, is indicated, although it is incidentally noted that some portions of the attending provider's progress notes seemingly suggested that ongoing usage of Dexilant was not altogether helpful while other section of the note, somewhat incongruously, stated that the dietary measures and current treatment were helpful. Nevertheless, on balance, continuing Dexilant appears to be more appropriate than discontinuing the same, given the persistent symptoms of dyspepsia and reflux reported here. Therefore, the request is medically necessary.

Reglan 10mg #100, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/reglan.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation 2. Food and Drug Administration (FDA), Reglan Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Reglan usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purpose has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. In this case, the four-month supply of Reglan being proposed, in and on itself, represents treatment in excess of the maximum 12-week duration endorsed by the FDA for usage of Reglan in the treatment of diabetic gastroparesis or symptomatic gastroesophageal reflux disease. No rationale for treatment beyond FDA parameters has been proffered by the attending provider. It is further noted that continuing Reglan does not appear to be altogether appropriate in light of the fact that the attending provider stated that he does not know what the source of the applicant's continuing abdominal pain complaints is and in light of the fact that the attending provider believes that symptomatic cholelithiasis is in fact, the operating diagnosis as opposed to diabetic gastroparesis. For all the stated reasons, then, the request is not medically necessary.