

Case Number:	CM14-0109756		
Date Assigned:	09/19/2014	Date of Injury:	05/08/2008
Decision Date:	11/13/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/15/2014

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 Internal 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 patient is an injured worker with lumbosacral conditions. Date of injury was 05-08-2008. The progress report dated August 15, 2014 documented subjective complaints of lower backache and left hip pain. She has failed Dexilant (constipation) and Nexium (too strong). Subjective complaints were lower backache and left hip pain. Quality of sleep is fair. She is not trying any other therapies for pain relief. She denies any new injury since last visit. Her activity level has increased. The patient is taking her medications as prescribed. She states that medications are working well. Medication included Tylenol with Codeine. Past medications included Lyrica and Ultram. Objective findings were documented. She appears to be well groomed. The patient appears to be well nourished and well developed. The patient appears to be calm and in moderate pain. She does not show signs of intoxication or withdrawal. The patient has a left sided antalgic gait, has slowed gait, is assisted by cane. Lumbar spine range of motion is restricted with flexion limited to 50 degrees and extension limited to 10 degrees. On palpation, paravertebral muscles, hypertonicity, spasm and tenderness is noted on both the sides. No spinal process tenderness is noted. Lumbar facet loading is negative on both sides. Straight leg raising test is positive on the left side in sitting at 75 degrees. Tenderness noted over the coccyx sacroiliac spine. Inspection of the hip joint reveals swelling surgical scar left groin - inguinal area. Range of motion is restricted with pain Motor testing limited by pain. No involuntary movements are noted. Babinski's sign is negative. Straight leg raising test is positive on left side. Gross inspection of skin demonstrates no evidence of abnormality. Hair and nails are also normal. Skin is warm and dry. Diagnoses were low back pain and lumbar radiculopathy. Treatment plan included Tylenol with Codeine #3, Lyrica, and Omeprazole. Utilization review determination date was 7/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant DR 60mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI) is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document do not document gastrointestinal risk factors. NSAID nonsteroidal anti-inflammatory drug prescription was not documented. Because no gastrointestinal risk factors were documented, the medical necessity of Dexilant (Dexlansoprazole) is not supported. Therefore, the request for Dexilant DR 60mg, #30 is not medically necessary.