

<b>Case Number:</b>	CM14-0131955		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 and Rehabilitation; 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 63-year old patient had a date of injury on 7/12/2007. The mechanism of injury was employee sustained cumulative trauma to both upper extremities at work. In a progress noted dated 7/2/2014, the patient notes that her hypertension is improving, but there is no change in acid reflex or in sleep quality. On a physical exam dated 7/8/2014, there is tenderness to palpation over bilateral extremities. The diagnostic impression shows major depression, cognitive disorder, GERD, treatment to date: medication therapy, behavioral modification, acupuncture, physical therapy, surgery. A UR decision dated 7/21/2014 denied the request for Dexilant 60mg #45, stating 1st line therapy such as omeprazole should be attempted before 2nd line options. Probiotics #90 was denied, stating that there is no evidence of a specific rationale for use of this supplement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant 60mg Qty: 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the reports viewed, the patient is diagnosed with Gastroesophageal reflux disease. However, there was no discussion why this patient was unable to tolerate a 1st line proton pump inhibitor such as omeprazole or Nexium. Therefore, the request for Dexilant 60mg #45 was not medically necessary.

**Probiotics Qty: 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Medical Foods & Combinations ([www.worklossdata.com](http://www.worklossdata.com))

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA:Probiotic

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA state that probiotic is used in people with irritable bowel syndrome, ulcerative colitis, or ileal pouch. In the reports viewed, there was no clear rationale regarding the medical necessity of this medication. The patient was not diagnosed with irritable bowel syndrome, ulcerative colitis, or ileal pouch. Therefore, the request for Probiotics #90 was not medically necessary.