

Case Number:	CM14-0138919		
Date Assigned:	09/05/2014	Date of Injury:	12/12/1994
Decision Date:	10/03/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/27/2014

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, has a subspecialty in Pain Management 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 male patient with the date of injury of December 12, 1994. A Utilization Review was performed on August 14, 2014 and recommended non-certification of 1 prescription of Dexilant 60mg, #30 between 7/22/2014 and 9/29/2014. An Evaluation dated July 22, 2014 identifies Present Complaints of ongoing back pain and muscle spasm, pain that radiates into his right leg to his foot. He uses Dexilant to offset dyspepsia side effect from non-steroidal anti-inflammatory drugs (NSAID) use. Physical Examination identifies limited range. Altered sensory loss to light touch and pinprick in the right lateral calf and bottom of his foot. He ambulates with a limp with the right lower extremity. Palpation reveals muscle spasm in the lumbar trunk with loss of lordotic curvature. Neck range is mildly limited in all planes. Impression identifies history of lumbar sprain/strain, history of cervical sprain/strain with myofascial neck pain, and dyspepsia from NSAID use, stable with Dexilant use. Treatment identifies dispensed Dexilant 60 mg daily to offset dyspepsia from NSAID use, 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Dexilant 60mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Dexilant, California Medical Treatment Utilization Schedule (MTUS) states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAID) therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of Omeprazole or Lansoprazole. Within the documentation available for review, the patient is noted to have dyspepsia secondary to NSAID use. However, there is no indication that the patient has failed first-line agents prior to initiating treatment with Dexilant (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Dexilant is not medically necessary.