

Case Number:	CM14-0021165		
Date Assigned:	06/11/2014	Date of Injury:	10/13/2008
Decision Date:	07/14/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/20/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 49-year-old female who reported an injury on 10/13/2008. The mechanism of injury was not provided in the documentation. Per the pain management evaluation dated 05/23/2014, the injured worker reported ongoing pain to the right knee and lower back. The injured worker underwent a 3-level lumbar fusion in 09/2012; however, continued to rate her back pain at 8/10. The injured worker underwent arthroscopic surgery to the left knee in 09/2013 and completed physical therapy; however, she continued to report pain to that knee and received a Synvisc injection in 07/2013. The injured worker also received a Synvisc injection to the right knee in 02/2014 and continued to participate in a home exercise program. On physical examination, the posterior lumbar musculature revealed significant tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points palpable and tender throughout the lumbar paraspinal muscles bilaterally with the right greater than left. The injured worker was reported to have a decreased range of motion with forward flexion 20 degrees, extension 5 degrees with pain on both maneuvers, pain with facet loading noted along the lower lumbar spine with a straight leg performed in the sitting position positive bilaterally and decreased sensation along the L5-S1 distribution bilaterally. Bilateral knees revealed tenderness to palpation along the medial lateral joint line with mild soft tissue swelling and crepitus noted with general range of motion, right greater than left. Previous treatments for the injured worker included physical therapy, biofeedback, a home exercise program, injections, and surgeries. Diagnoses for the injured worker were reported to include lumbar myoligamentous injury with associated facet arthropathy, bilateral lower extremity radiculopathy, medication-induced gastritis, bilateral knee internal derangement, status post arthroscopic surgery to the right knee in 2012, status post arthroscopic surgery to the left knee in 2013, status post lumbar fusion in 2012, and reactionary depression/anxiety. The Request for

Authorization for Medical Treatment for the Dexilant was dated 01/15/2014. The rationale for the request was for gastric distress.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEXILANT 60MG 1 PO QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Gi Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's. GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Dexilant 60 mg 1 by mouth every day, quantity of 30 is non-certified. Dexilant is a prescription medication called a proton pump inhibitor. Per the California MTUS Guidelines, to determine if a patient is at risk for gastrointestinal events, one or more of the following criteria must be present including 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. There is documentation regarding the discontinuation of NSAIDs due to the negative side effects associated with their use; however, the efficacy of the medication was not provided. There is a lack of documentation regarding other potential causes 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 and the efficacy of the NSAID before they were discontinued. The documentation provided noted the injured worker experienced no nausea, vomiting, dysphasia, loss of appetite, or weight loss as a result of the acid reflux. In addition, the injured worker is under the age of 65, has not history of peptic ulcer, GI bleeding or perforation, and is no longer using NSAIDs, and is not taking any corticosteroids, or an anticoagulant. Therefore, the request for Dexilant 60 mg 1 by mouth every day, quantity of 30 is non-certified.