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| <b>Case Number:</b>   | CM14-0032388 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 11/01/2011 |
| <b>Decision Date:</b> | 07/21/2014   | <b>UR Denial Date:</b>       | 02/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/14/2014 |

### 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:

The injured worker is a 57 year old male who reported an injury on 11/01/2011 due to an unspecified mechanism of injury. On 01/15/2014 he reported reflux and abdominal pain. He was post bilateral transformational L4-L5, L5-S1 epidural cortisone injection under fluoroscopic guidance performed on 06/03/2013. Other therapies included chiropractic therapy. An MRI performed on 12/08/2011 confirmed a rotator cuff tear to the left shoulder, moderate fraying of the superior labrum and rotator cuff tendonitis. Objective findings included tenderness at the mid-epigastric area and an umbilical hernia. His diagnoses were listed as GERD, asthma, hypertension, and an umbilical hernia. A medication list was not provided. The treatment plan was for Dexilant 60mg #30. The request for authorization was signed on 01/15/2014. The rationale for treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant 60 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Proton Pump Inhibitor.

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

**Decision rationale:** In the physicians report dated 01/15/2014, the injured worker reported having reflux and abdominal pain. The California MTUS guidelines state that proton pump inhibitors, such as Dexilant, are recommended for those at risk for gastrointestinal events. Those at risk include people age 65 and over, history of peptic ulcers, bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID. There is no documentation stating that the injured worker fell into any of the categories mentioned above. In addition, there are no medications documented or reports that the injured worker's symptoms are caused by medication use. Furthermore, the requesting physician did not state the frequency of the medication within the request. Given the above, the request is not medically necessary and appropriate.