

Case Number:	CM14-0040858		
Date Assigned:	06/30/2014	Date of Injury:	10/13/2008
Decision Date:	09/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of October 13, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier knee surgery; subsequent lumbar fusion surgery; and a cane. In a Utilization Review Report dated March 10, 2014, the claims administrator denied a request for Dexilant, reportedly on the grounds that the applicant was not using NSAIDs. In an August 9, 2013 progress note, the applicant was described as having persistent complaints of reflux and gastritis, reportedly ameliorated as a result of ongoing Dexilant usage. The applicant's epigastric abdominal pain had reportedly abated following introduction of Dexilant. The applicant's work status was not provided. In a later note dated February 25, 2014, the applicant was placed off of work, on total temporary disability. The note was handwritten, difficult to follow, and not entirely legible. The applicant did have persistent knee and low back pain complaints and was again described as using Dexilant. The applicant was ultimately placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg 1 by mouth everyday #30 refill:1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, Gastrointestinal symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Dexilant are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant has standalone dyspepsia issues which have reportedly been ameliorated as a result of introduction of Dexilant. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.