

Case Number:	CM14-0049311		
Date Assigned:	06/25/2014	Date of Injury:	01/31/2003
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 Texas. 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 40 year old female who had a work related injury on 01/31/03. There is no mechanism of injury documented. Diagnoses of post-laminectomy syndrome of the lumbar region, generalized pain, thoracic or lumbosacral neuritis or radiculitis, anxiety disorder, depressive disorder, back aches, myalgia, myositis and spasm of muscle. Apparently the injured worker had underwent an L4-5 discectomy, anterior/posterior L3 through S1 fusion. Treatment has consisted of physical therapy, acupuncture, psychotherapy, a transcutaneous electrical nerve stimulator unit and trigger point injections. A progress note dated 02/13/14. Increase pain level since last visit. Sleep is fair. She is not trying any other therapies for pain relief. No change with activity level, reports weight gain of 10 lbs. in 1 month due to Seroquel. Physical examination presents the injured worker as appearing in mild distress, anxiety, depression and tearful lying lateral recumbent during examination. Lumbar spine was restricted in extension to 5 degrees. Right and left lateral bending limited 10 degrees by pain. Exam very limited due to pain/guarding on palpation of paravertebral muscles. Allodynia noted on both sides. Tenderness on the spinous processes. Unable to passively extend hip, knee, ankles more than 10-20 degrees due to extreme guarding due to extreme pain. Motor strength limited by pain and rated at 2/5 to lower extremities bilaterally. Has decreased sensation over the lateral foot and medial foot bilaterally. Has dyesthesia over the lateral thigh on both sides. Request is for Dexilant 60mg 1 daily count #30 on 02/13/14. In review of the documentation submitted, I did not see any documentation of gastrointestinal problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEXILANT DR 60MG TAKE 1 DAILY COUNT #30 ON 2/13/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 12th edition, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Proton pump inhibitors (PPIs).

Decision rationale: The request for Dexilant DR 60mg take 1 daily count #30 on 2/13/14 is not medically necessary. The clinical documentation submitted for review does not support the request. There has been no documentation of gastrointestinal problems. Therefore medical necessity has not been established.