

<b>Case Number:</b>	CM14-0050377		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 claimant was injured on 04/20/11. Her medications Dexilant and granisetron are under review. Her diagnoses include compensatory left shoulder and elbow and right wrist pain with GI problems. She is status post left wrist arthroscopic surgery and ORIF of the left distal radius. She has been prescribed Dexilant and granisetron. A PR-2 dated 02/03/14 indicated she had left wrist pain and stiffness and left hand weakness. She also reported right wrist pain. She had decreased range of motion of the left wrist and weakness of the left hand. She also had GI complaints of abdominal pain with cramping and diarrhea for the last 3 years. She reported occasional nausea but no vomiting. She reported epigastric abdominal pain that was burning for approximately 3 months and she used Pepto-Bismol. She complained of fibromyalgia and bilateral wrist and hand pain which was chronic and severe. She had taken pain medications including Norco, Vicodin, and Naprosyn. Dexilant is a second line proton pump inhibitor and is not recommended by the ODG. There is no documentation of failed trials of first line drugs. Regarding granisetron, it is used for nausea and vomiting caused by cancer drug treatment or chemotherapy. It may also be used to prevent nausea and vomiting after surgery. The claimant reported occasional nausea but no vomiting. She saw [REDACTED] on 02/12/14 for an internal medicine consultation. She reported changes in her stool pattern including normal stooling, some loose stools, and sometimes diarrhea. She had a negative colonoscopy in the past. She has had a cervical biopsy 2 and hysterectomy. There is no history of cancer or chemotherapy. There is no history of recent surgery. She was advised on a GERD and IBS diet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective usage of Dexilant 60mg (DOS 02-13-14): 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)- TWC, Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Formulary: Dexilant.

**Decision rationale:** The history and documentation do not objectively support the request for the use of Dexilant 60 mg on DOS 02/13/14. The ODG Formulary states PPIs may be "recommended for patients at risk for gastrointestinal events." Also, Dexilant is considered a "second line medication for acid control." In this case, there is no history of failed trials of first line PPIs such as omeprazole and lansoprazole, as examples. The medical necessity of the use of Dexilant, prescribed on 02/13/14, therefore, is not supported by the ODG.

**Retrospective usage of Granisetron 1mg (DOS 02-13-14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/drug-8545-granisetron+iv.aspx?drugid=8545&drugname=granisetron+iv>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, PDR, 2014: Granisetron.

**Decision rationale:** The history and documentation do not objectively support the request for granisetron 1 mg. The PDR recommends this medication for the control of nausea and vomiting in patients who are post-surgical or are receiving cancer chemotherapy. There is no history of cancer chemotherapy or surgery to support the use of this medication. The claimant has reported occasional nausea and no vomiting. The medical necessity of its use has not been clearly demonstrated.

**Usage of Dexilant 60mg: 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)- TWC, Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Formulary: Dexilant.

**Decision rationale:** The history and documentation do not objectively support the request for the use of Dexilant 60 mg. The ODG Formulary states PPIs may be "recommended for patients at risk for gastrointestinal events." Also, Dexilant is considered a "second line medication for acid

control." In this case, there is no history of failed trials of first line PPIs such as omeprazole and lansoprazole, as examples. The request for Dexilant 60 mg is not medically necessary or supported by the ODG.

**Usage of Granisetron 1mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/drug-8545-granisetron+iv.aspx?drugid=8545&drugname=granisetron+iv>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR, 2014: Granisetron.

**Decision rationale:** The history and documentation do not objectively support the request for granisetron 1 mg. The PDR recommends this medication for the control of nausea and vomiting in patients who are post-surgical or are receiving cancer chemotherapy. There is no history of cancer chemotherapy or surgery to support the use of this medication. The claimant has reported occasional nausea and no vomiting. The medical necessity of its use has not been clearly demonstrated.