MAXIMUS Federal Services

Case Number:	CM14-0064634		
Date Assigned:	07/11/2014	Date of Injury:	04/09/2008
Decision Date:	09/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/07/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 60 year old female with a date of injury on 4/9/2008. The patient has been treated for back pain, neck pain, gastrointestinal (GI) complaints and psychological co-morbidity. Subjective findings are of neck pain radiating down both arms and low back pain radiating to the legs. GI symptoms include heartburn and indigestion. Physical exam shows restricted cervical range of motion, muscle spasm, and low back decreased range of motion and paravertebral muscle tenderness. Medications include Pristiq, Neurontin, Lidocaine ointment, Dexilant and Trazodone. Prior medication failures include Nexium, for which the patient thought was causing hair loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant DR 30mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drug), page(s) 68-69 Page(s): PAGE 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors (PPIs).

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse gastrointestinal (GI) events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is not on chronic NSAID therapy and is apparently using Dexilant for ongoing acid reflux. ODG guidelines recognize the similar chemical structure and efficacy of various PPIs. Due to these similarities, and significant cost savings, a trial of Prevacid or Prilosec is recommended before a second line therapy such as Dexilant. Since there is not a documented trial of first line PPIs, the use of Dexilant is not consistent with guideline recommendations and, therefore, is not medically necessary.