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| <b>Case Number:</b>   | CM14-0072419 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 08/18/2006 |
| <b>Decision Date:</b> | 08/26/2014   | <b>UR Denial Date:</b>       | 05/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/19/2014 |

### 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 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 50-year-old male who reported an injury on 08/18/2006. The mechanism of injury was not provided. The injured worker's treatments were noted to be medications. His diagnoses were noted to be persistent depressive disorder and insomnia. A report dated 10/22/2013 indicates the injured worker had moderate to severe pain rated a 6/10 to 8/10 on average with medication and 10/10 without medication. Pain was located in the lower back radiating to both legs. The physical exam noted decreased lumbosacral range of motion, spasms, and tenderness at L3, L4, L5, and S1, and positive Kemp's bilaterally. Medications include Dexilant, Norco, OxyContin, Gabapentin, Tramadol, Naproxen, Zanaflex, and Ambien. The treatment plan is for a refill of medications. The rationale for the request of Dexilant was provided within the documentation. A request for authorization for medical treatment was not provided within the documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant 60 mg quantity 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of non-steroidal anti-inflammatory drug (NSAIDs), and a history of peptic ulcers. There is also a risk with long-term utilization of proton pump inhibitors (greater than 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted for review does not indicate the injured worker with gastrointestinal events. The documentation provided does not indicate a dose of NSAIDs. The physical examination did not note objective findings regarding gastrointestinal events. In addition, the provider's request fails to indicate a dose frequency. Therefore, the request for Dexilant 60 mg quantity 30 is not medically necessary and appropriate.