

Case Number:	CM14-0082149		
Date Assigned:	07/21/2014	Date of Injury:	01/04/2013
Decision Date:	09/12/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/03/2014

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 records presented for review indicate that this 61 year-old individual was reportedly injured on January 4, 2013. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated May 16, 2014, indicates that there are ongoing complaints of total body pain. This document does not address the topic of dyspepsia. The physical examination demonstrated bilateral shoulder tenderness and cervical tenderness. Diagnostic studies addressing dyspepsia were not included in these documents. Previous treatment includes Oral Analgesics, NSAIDs, and rest. The progress note dated April 28, 2014 documents that the claimant has pain with eating. Further documentation of gastrointestinal distress was not provided in this note. A request had been made for Dexilant and was not medically necessary in the pre-authorization process on May 21, 2014. The reviewer acknowledges that the claimant has persistent dyspepsia despite use of Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Capsules of Dexilant 60 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic Pain Page(s): 69. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, G.I. Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: The MTUS supports the use of Proton Pump Inhibitors for individuals are utilizing oral anti-inflammatories The MTUS supports the use of Proton Pump Inhibitors for individuals are utilizing oral anti-inflammatories and have digitally increased risk of gastrointestinal complications or have evidence of gastrointestinal complications. The claimant endorses pain with eating and dyspepsia. Trial of Omeprazole was previously failed. The MTUS does not specifically address the requested medication, but the Official Disability Guidelines indicates that Dexilant may be utilized as a second line agent. The dosage of the Dexilant for the management of GERD or heartburn relief is 30 mg once daily. For the management of healing erosive esophagitis, up to 60 mg once daily for 8 weeks is recommended. When noting that the current dosage more than 4 times the recommended level for the treatment of GERD, the request is considered not medically necessary. Use of all 3 references was necessary to appropriately address this topic.