

Case Number:	CM14-0083855		
Date Assigned:	07/21/2014	Date of Injury:	03/09/2010
Decision Date:	08/26/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 46-year-old woman with a date of injury of 03/09/2010. The submitted and reviewed documentation did not specify the mechanism of injury. Office visit notes by [REDACTED] dated 02/10/2014 and 04/21/2014 indicated the worker was experiencing shortness of breath despite the use of an inhaler and also reflux symptoms despite the use of a proton pump inhibitor medication called omeprazole and following a diet. Documented examinations consistently described no abnormal findings. The submitted records concluded the worker was suffering from a hiatal hernia, gastroesophageal reflux disease, asthma, insomnia, and irritable bowel syndrome. Treatment recommendations included the use of vitamin D3 supplementation daily and continued use of an inhaled medication for asthma. The visit note dated 02/10/2014 suggested a medication change from omeprazole to dexlansoprazole, and the visit note dated 04/21/2014 noted improved symptoms. A Utilization Review decision by [REDACTED] was rendered on 05/21/2014 recommending non-certification for Dexilant (dexlansoprazole) 60mg and vitamin D3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D3: 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), Pain (Chronic).

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: Vitamin D3 (cholecalciferol): Drug information. Topic 10117, version 93.0. Provided by LexiComp. UpToDate, accessed 08/11/2014.

Decision rationale: The MTUS Guidelines are silent as to the use of vitamin D3. Vitamin D3 is a vitamin D analog medication. It is approved for use as a dietary supplement to treat a known vitamin D deficiency and to prevent a deficiency when this is a concern. The submitted and reviewed documentation did not discuss the expected benefit of using this medication. There was no report indicating a low vitamin level or describing risk factors for a low level. In the absence of such evidence, the current request for vitamin D3 is not medically necessary.

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, Pulmonary (Acute & Chronic).

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: Dexlansoprazole: Drug information. Topic 9074, version 89.0. Provided by LexiComp. UpToDate, accessed 08/11/2014.

Decision rationale: The MTUS Guidelines are silent as to the issue of the use of Dexilant (dexlansoprazole) for reflux symptoms. This medication is in the substituted benzimidazole proton pump inhibitor class. Dexlansoprazole 60mg is approved for the healing of all grades of erosive esophagitis for up to eight weeks, and 30mg is approved for the treatment of heartburn associated with non-erosive gastroesophageal disease (GERD) for four weeks. Dexlansoprazole 30mg is also approved for the use of maintenance healing of erosive esophagitis and relief of heartburn for up to six months. The literature does not support the use of doses higher than 30mg during the maintenance phase of treatment, as this does not provide additional benefit. The submitted and reviewed documentation indicated the worker was experiencing reflux symptoms, although details were not provided. However, there was no documentation of erosive esophagitis or remarkable circumstances that would support the use of dexlansoprazole at the 60mg dose. In the absence of such evidence, the current request for Dexilant (dexlansoprazole) 60mg is not medically necessary.