

<b>Case Number:</b>	CM14-0090154		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/02/2001
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 37-year-old female who reported an injury due to a slip and fall on 02/02/2001. On 02/05/2014 her diagnoses included right lower extremity complex regional pain syndrome, cervical degenerative disc disease, chronic pain syndrome, chronic daily headaches, morbid obesity, depressive disorder with generalized anxiety, and gastritis. Her medications include Axert 12.5 mg for severe migraine, Lyrica 100 mg for neuropathic leg pain, tizanidine 4 mg for pain and sleep, Dexilant 60 mg for GERD (gastroesophageal reflux disease) symptoms, and Paxil 20 mg for depression. Her examination revealed that she had painful and limited cervical range of motion and bilateral cervical trapezius tenderness with positive axial head compression. There were persistent dysesthesias and hyperalgesia in the right leg with right global weakness. On 04/30/2014, her diagnosis of gastritis was changed to gastroesophageal reflux disease. A Request for Authorization dated 05/12/2014 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant 60 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

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

**Decision rationale:** The California MTUS Guidelines suggest that proton pump inhibitors, which include Dexilant, may be recommended but clinicians should weigh the indication for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. Dexilant treats heartburn, gastroesophageal reflux disease, or damaged esophagus. Although this worker did have a diagnosis of gastroesophageal reflux disease, she did not meet any of the qualifying criteria for risks for gastrointestinal events noted above. Additionally, the request did not specify frequency of administration. Therefore, this request for Dexilant 60 mg #30 is not medically necessary.