

Case Number:	CM13-0033787		
Date Assigned:	12/06/2013	Date of Injury:	12/11/2001
Decision Date:	12/10/2015	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/10/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old female who reported an injury on 12/01/2001 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included carpal tunnel release, right trigger thumb release, and right shoulder arthroscopy. The injured worker was evaluated on 07/25/2013. It was documented that the injured worker had worsening intermittent abdominal pain in the epigastric region that was exacerbated by food, physical activities, stress, and bowel movement. Physical examination findings documented that the injured worker's abdomen was described as obese with 2+ epigastric tenderness. The injured worker's diagnoses included abdominal pain, chronic gastritis, gastroesophageal reflux disease, internal hemorrhoids, irritable bowel syndrome, obesity, history of rectal bleeding, status post H. pylori treatment, positive hiatal hernia, and positive Barrett's esophagus. The injured worker's medications included Dexilant. It was documented that the injured worker had been on this medication since at least 10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Dexilant 60mg OD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, Cardiovascular Page(s): 68.

Decision rationale: The Retrospective request for Dexilant 60mg OD #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does indicate that the injured worker is at risk for gastrointestinal disturbances related to medication usage and has been treated with this medication for an extended duration. However, the clinical documentation submitted for review does indicate that the injured worker has reported a worsening of symptoms. Therefore, the effectiveness of this medication is not supported and continued use would not be recommended. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the Retrospective request for Dexilant 60mg OD #30 is not medically necessary or appropriate.