

<b>Case Number:</b>	CM14-0193088		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	03/28/1998
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 and is licensed to practice in New York. 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 patient is a 64 year old male machinist with a date of injury of 03/28/1998. He fell that day. On 04/25/2012 he was P&S. On 03/06/2014 he had tenderness to palpation of the cervical spine, thoracic spine, left shoulder, left upper arm and left wrist. There was impingement of the left shoulder. The listed diagnoses included cervical strain, cervical disc disease, amputation of the left index digit, complex regional pain syndrome of the left upper extremity and left shoulder impingement/rotator cuff tendonitis. He was to continue his medications but they were not listed in the note. On 04/02/2014 there was a listing of gastropathy as a diagnosis. He had no dysphasia. He had diarrhea. On 05/29/2014 and on 08/07/2014 he had a flare up of neck pain. On 06/05/2014 cervical spine x-ray revealed degenerative changes. Previously he was taking Omeprazole and this was switched to Dexilant. On 06/11/2014 it was noted that he had no bleeding. He was taking Dexilant PRN. On 07/07/2014 it was noted that he had depression and anxiety. On 10/08/2014 he had an office visit with a gastroenterologist. There was no history of a GI bleed. He had a history of constipation and colon polyp. On 08/25/2009 he had a EGD and colonoscopy. Abdomen was soft and not tender. The chronic constipation was from his opiate medication. He was not taking an NSAIDS. He was scheduled for a colonoscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Dexilant 60mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, 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: Harrison's Principles of Internal Medicine, 18th Edition. 2011.

**Decision rationale:** MTUS is silent on the use of proton pump inhibitors (PPI) except when the patient is using NSAIDS and the associated risk of GI bleeding. The patient was not taking NSAIDS. There is no documentation of GI bleeding or peptic ulcer disease. There is some hand written notes with GERD noted but no discussion of any GI symptoms except constipation. The use of proton pump inhibitors has been associated with an increased incidence of hip fracture and non-cancerous stomach tumors/polyps. There is no objective documentation to substantiate the long term use of PPI (Omeprazole, Dexilant) in this patient. Therefore the request is not medically necessary.