

Case Number:	CM14-0193516		
Date Assigned:	12/01/2014	Date of Injury:	10/01/2002
Decision Date:	01/13/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	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 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 injured worker (IW) is a 59-year-old man with a date of injury of October 2, 2002. The mechanism of injury was not documented in the medical record. The IW is being treated for failed back syndrome, chronic pain and back spasms. Pursuant to the progress report dated October 2, 2014, the IW is not having any change in his pain. He stated his pain 4/10. He continues to use Oxycodone 80mg once a day for intractable pain, and Oxycodone 15mg 3 times a day for any breakthrough pain. Additionally, he takes Tizanidine 4mg, Trazadone 100mg, Bupropion 300mg, Busperidone 15mg, Alprazolam XR 3mg, and Dexilant 60mg. Objective physical findings revealed 5/5 strength throughout the upper and lower extremities. He has no tremors in the outstanding arms bilaterally. Neurological exam shows cranial nerves II through XII to be intact. He walks with coordinated associative movements and no sign of antalgic gait. The IW is positive for stomach upset and constipation and negative for abdominal cramps, nausea, vomiting, diarrhea, peptic ulcer disease, rectal bleeding, or tarry stools. Current diagnoses include lumbago, lumbar myofascial pain, failed back syndrome, opioid dependence, chronic pain syndrome, depression, and insomnia without sleep apnea. The IW recently had a stroke and a hypertensive episode. The treating physician is recommending that the IW continue with his current medication regimen. The request for authorization is for Dexilant 60mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation ODG (Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI and GI Effects Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dexilant 60 mg #30 is not medically necessary. Dexilant is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking non-steroidal anti-inflammatory drugs that are at risk for certain GI related events. These risks include, but are not limited to, a greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin or corticosteroids; or high-dose/multiple non-steroidal anti-inflammatory use. In this case, the injured worker's diagnoses are lumbago, lumbar myofascial pain, failed back syndrome, opioid dependence, chronic pain syndrome, anxiety and depression, insomnia without sleep apnea, recent stroke and hypertensive episode. The clinical history does not contain co-morbid conditions compatible with the risk factors above. Specifically, there is no history of peptic ulcer, G.I. bleeding, concurrent use of aspirin or steroids. Additionally, a trial of omeprazole is recommended before CM, Protonix, Dexilant and Aciphex. There is no indication in the medical record that other first-line proton pump inhibitors have been tried and failed. Consequently, Dexilant 60 mg #30 is not medically necessary.