

<b>Case Number:</b>	CM14-0193875		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	02/18/2004
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 and Pain 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 is a 59-year-old female who reported an injury on 02/18/2004. The mechanism of injury was not provided within the submitted medical records. Current medications were noted to include OxyContin, Cymbalta, Lyrica, Propylene Glycol, and Dexilant. The injured worker's diagnoses were listed as chronic neck pain and multilevel degenerative disc changes with chronic low back pain, and a history of carpal tunnel syndrome. Other therapies were noted to include acupuncture. The injured worker's surgical history included a right carpal tunnel release in 1997. The clinical visit on 10/01/2014, documented the injured worker was complaining of ongoing back and neck pain, and was doing well on the prescribed medications. The documentation of the physical exam noted there was no significant change from previous physical exams. There was a lack of rationale provided in the medical records for the request for Dexilant. A Request for Authorization was contained within the submitted medical records that were dated 10/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant 30 mg, qty:90.00:** 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) Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** The request for Dexilant at this time is not medically necessary. The California MTUS Guidelines do not specifically address Dexilant, and secondary guidelines were sought. The Official Disability Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines specifically state that Dexilant is recommended as a second line treatment after trials of Omeprazole and Lansoprazole has been trialed and failed. In the submitted medical records, there is a lack of documentation to show the efficacy the medication. Moreover, there was a lack of documentation to provide a rationale for the use of the medication. Additionally, there was a lack of documentation to show that the injured worker had trialed any other first line proton pump inhibitors prior to the use of Dexilant. Without further documentation to address the aforementioned deficiencies outlined in the review, the request is not medically necessary.