

Case Number:	CM14-0199852		
Date Assigned:	12/11/2014	Date of Injury:	09/05/2011
Decision Date:	01/23/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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 45-year-old man with a date of injury of September 5, 2011. The mechanism of injury was a slip and fall on a wet floor. The injured worker's working diagnoses are chronic low back pain and right shoulder pain. Treatments to date have included medications; right shoulder arthroscopic debridement, biceps tendon release, distal clavicle resection and subacromial decompression on February 15, 2012; physical therapy; and pain injections. Pursuant to the handwritten (largely illegible) progress note dated October 23, 2014, the IW reports decreased pain with MS Contin. The remainder of the subjective documentation is illegible. Objective documentation is completely illegible. Current medications include Butrans patch, Soma, Dexilant, and MS Contin. Review of the medical record in its entirety reveals no history of peptic ulcer disease, G.I. bleeding, etc. The current treatment plan includes MS Contin 30mg and Dexilant 60mg.

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 and Cardiovascular RIsK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAID 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 an H2 blocker. An H2 receptor blocker is indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin or corticosteroids; or high-dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker was a 45-year-old man with a date of injury September 5, 2011. The injured worker's working diagnoses are chronic low back pain; and chronic impingement shoulder (? Left). There are no morbid conditions or past medical history compatible with the enumerated risk factors above. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, etc. Consequently, absent the appropriate clinical indications or a clinical rationale to support the use of Dexilant, Dexilant 60 mg #30 is not medically necessary.