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| Case Number: | CM14-0205323 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 09/23/2013 |
| Decision Date: | 02/09/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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 Occupational 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:

This is a 49-year-old female with a 9/23/13 date of injury. According to a progress report dated 11/12/14, this patient reported that she had pain in the midepigastric region and complained of bloating, cramping, and nausea. She has been taking up to 4 Omeprazole a day without any relief of symptomatology. She reported that when she eats food, she would get pain in the midepigastric region of her abdomen and the right upper quadrant region of her abdomen, especially with greasy or fatty foods. Objective findings: tenderness of the midepigastric region of the abdomen, positive Murphy's sign noted. Diagnostic impression: gastropathy secondary to anti-inflammatory medication, rule out cholelithiasis, hypertension, insomnia, orthopedic condition. Treatment to date: medication management, activity modification. A Utilization Review (UR) decision dated 12/1/14 denied the request for Dexilant. A trial of omeprazole or Lansoprazole is recommended before considering the use of other Proton Pump Inhibitors (PPI's). Given that a trial of Lansoprazole is not noted, this medication is not appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant, thirty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Dexilant).

Decision rationale: CA MTUS and the FDA support Proton Pump Inhibitors (PPI's) in the treatment of patients with Gastrointestinal (GI) disorders such as gastric/duodenal ulcers, Gastroesophageal Reflux Disease (GERD), erosive esophagitis, or patients utilizing chronic NSAID therapy. In the present case, it is noted that this patient has gastrointestinal complaints including midepigastic pain, bloating, cramping, and nausea. In addition, she has a diagnosis of gastropathy secondary to anti-inflammatory medication. It is also noted that this patient has had a trial and failed treatment with Omeprazole. Therefore, the request for Dexilant, thirty count, was medically necessary.