

Case Number:	CM15-0001423		
Date Assigned:	01/12/2015	Date of Injury:	02/10/2012
Decision Date:	03/12/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old male who reported an injury on 02/10/2012. The mechanism of injury is not provided. On 07/28/2014, the injured worker presented with a burning throat and indigestion. Current medications included vitamin D, Zantac, oxycodone, metformin and Tylenol. Upon examination, the injured worker had a soft nontender abdomen with no hepatosplenomegaly. Normal active bowel sounds. The provider had given a trial of Dexilant 30 mg. The diagnosis was not provided. The treatment plan included Dexilant 30 mg with a quantity of 30; there was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 30mg #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 NSAIDs
 Page(s): 70.

Decision rationale: The request for Dexilant 30mg #30 is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs for workers at the lowest dose for the shortest amount of time congruent with the injured worker's treatment plan and goals. A complete and adequate assessment of the injured worker's pain level was not submitted for review. Additionally, there is lack of evidence of the injured worker's response to Dexilant. No evidence of increased function or decreased pain with the use of this medication. Additionally, the provider's request does not include the frequency of the medication in the request as submitted. As such, medical necessity has not been established.