

Case Number:	CM15-0006876		
Date Assigned:	01/22/2015	Date of Injury:	07/15/2010
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old male who sustained an industrial related injury on 12/3/14. The injured worker had complaints of bilateral shoulder pain and neck pain with numbness and pins and needles sensations. Low back pain, right shoulder pain, bilateral leg pain, and bilateral foot pain all with associated pins and needles sensation was noted. Treatment included left shoulder arthroscopy. Prescriptions included Omeprazole, Tizanidine, and Hydrocodone. Diagnoses included L4-5 spondylolisthesis, L4-5 discogenic pain, L2-3 and L3-4 disc desiccation and bulging, cervical disc injury, right shoulder impingement syndrome with acromioclavicular joint pain and possible cuff tear, left knee pain, and status post shoulder arthroscopic SLAP lesion repair subacromial decompression on 4/18/11, Reflux esophagitis, duodenitis and Gastritis. The treating physician requested authorization for Dexilant cap 60mg DR #30. The request was non-certified. The utilization review physician cited the Chronic Pain Medical Treatment guidelines and noted Dexilant is included in second line treatment. The medical records do not establish a trial of other proton pump inhibitors such as first line medications. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant cap 60mg DR #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Dexilant is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. The MTUS guidelines does not specify brand name of a PPI to be used. Although claimant was not using an NSAID, he had significant abnormalities on an EGD and continued symptoms requiring a PPI. The Dexilant is appropriate and medically necessary.