

Case Number:	CM15-0133230		
Date Assigned:	07/21/2015	Date of Injury:	02/15/2011
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/09/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 42 year old male, who sustained an industrial injury on 2/15/11. He reported pain to the neck, shoulders, face, jaw upper extremities, lower extremities, mid back, and low back. The injured worker was diagnosed as having chronic sprain/strain of the cervicothoracic spine, multilevel cervical disc disease with disc bulge, chronic tendinitis and impingement of shoulders, tendinitis of both wrists, aggravation of chronic sprain/strain of the lumbosacral spine, and disc protrusion at L5-S1 with annular fissure. Other diagnoses included dyspepsia, gastroesophageal reflux disease, and irritable bowel syndrome. Treatment to date has included right knee arthroscopic partial medial meniscectomy and chondroplasty on 7/17/12, Synvisc injections, and medication. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Dexilant 60mg #90 and Gaviscon #3 bottles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Proton Pump Inhibitors.

Decision rationale: Dexilant is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not high risk for GI bleeding. As per Official Disability Guidelines, Dexilant is considered a second line medication. Other PPIs such as prilosec are considered 1st line. While patient has a diagnosis of gastritis, there is no details concerning this diagnosis or what other conservative measures has been attempted to treat this complaint. It is unclear how "gastritis" related to patient's claimed injuries. It is unclear if patient is still on NSAIDs. While there are notes specifically mentioning need to avoid NSAIDs, there are notes that state that patient takes ibuprofen and naproxen intermittently. Without additional information as to whether patient is still on NSAIDs and what conservative measures has been attempted, the use of a 2nd line PPI is not supported by documentation. It is unclear why patient is also on Gaviscon if Dexilant is as effective as progress note claims. Dexilant is not medically necessary.

Gaviscon #1 bottle QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Gaviscon is an antacid which is used to treat the symptoms of gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. It is an over the counter medication. As per MTUS guidelines, stomach protectants may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not high risk for GI bleeding. As per review of Dexilant, it is unclear what conservative measures has been done and whether patient is on NSAIDs from the provided documentation. This medication is suppose to be a as needed medication but it is written as a 3 times a day medication. The number of refills is not appropriate as it does not allow monitoring or reassessment for several months. There is no assessment of efficacy of this medication despite being on this medication chronically. It is unclear as to why patient needs to be on Gaviscon if Dexillant is as effective as progress notes claim. Gaviscon is not medically necessary.