

<b>Case Number:</b>	CM15-0135511		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	04/08/1998
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 54-year-old male, who sustained an industrial injury on April 8, 1998. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having right leg/ankle cellulitis and right leg swelling due to a history of deep vein thrombosis. Treatment to date has included an ultrasound venous Doppler right leg study, antibiotics and medications. On October 7, 2014, physical examination revealed resolving cellulitis in the right leg and ankle with no open wound. The treatment plan included Clindamycin, Cipro, Zofran, Xarelto, Losartan, Dexilant for GERD and Bactrim ointment. He was advised to watch for open wound and recurrent ulcers in the right leg or ankle. On March 27, 2015, the injured worker complained of right leg pain. Much of the handwritten note was illegible. On June 25, 2015, Utilization Review non-certified the request for Dexilant Capsule 60 mg #30, citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant capsule 60mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary, Proton Pump Inhibitors (PPI's).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dexilant (Dexlansoprazole) 60mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are right knee cellulitis; right leg swelling secondary to DVT; hypertension; and gastroesophageal reflux disease. The date of injury is April 8, 1998. The request authorization is June 22, 2015. Medical record contains 23 pages. The most recent progress in the medical record is dated March 27, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization (June 22, 2015). The March 27, 2015 progress note is largely illegible. There is no updated clinical indication or rationale for proton pump inhibitors. There is no documentation of nonsteroidal anti-inflammatory drug use with history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Consequently, absent legible clinical contemporaneous documentation on or about the date of request for authorization and a clinical indication and rationale for a proton pump inhibitor, Dexilant (Dexlansoprazole) 60mg #30 is not medically necessary.