

Case Number:	CM15-0145185		
Date Assigned:	08/06/2015	Date of Injury:	06/20/1996
Decision Date:	09/08/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/27/2015

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 (IW) is a 56-year-old female who sustained an industrial injury on 06/20/1996. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having: Cervical spondylosis without myelopathy; Other and unspecified disc disorder lumbar region; Post-laminectomy syndrome-lumbar region; Treatment to date has included surgeries, and treatment with a pain management specialist. Currently, the injured worker complains of pain in the lower back, leg, bilateral hips, bilateral knees, neck, hands, wrists, right shoulder and foot. She also complains of headaches. According to notes of 07-16-2015, the worker complains of awakening at night choking. She has been seen by a gastroenterologist who provided Dixilent. She is taking methadone 30 mg daily and Lorcet twice daily with increased function, no side effects and no signs of abuse or diversion. The worker states with methadone and Norco, she is able to do activities of daily living. She cannot tolerate non-steroidal anti-inflammatory drugs due to renal and cardiac problems. Medications include Dixilant, Methadone and Norco. On exam, she has guarding and tenderness of the lumbosacral spine, limited range of motion, and mild weakness in left lower extremity. The treatment plan includes modified activity, and medications. A request for authorization was made for the following: 1. Dexlansoprazole Dixilant 60mg delayed release multiphasic, #30 2. Methadone Dolophine 10mg, #903. Hydrocodone-acetaminophen Norco 10/325mg, #60

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexlansoprazole Dixilant 60mg delayed release multiphasic, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The request is for dexlansoprazole (Dixilant), which is a proton pump inhibitor used to treat disorders of the stomach and esophagus. The MTUS guidelines support the use of a proton pump inhibitor in the following circumstances at increased risk for gastrointestinal side effects: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Without any risk factors for gastrointestinal disease, there is no clear indication to utilize a proton pump inhibitor in the treatment of an injured worker. The documentation provided states that the injured worker is not utilizing NSAIDS. Per records, the injured worker has "gastritis, not reflux." There is no notation of peptic ulcer or GI bleeding on upper endoscopy. The request for a proton pump inhibitor does not meet the requirements of the MTUS, and therefore is not medically necessary.