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| Case Number: | CM15-0147233 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 07/02/1999 |
| Decision Date: | 09/25/2015 | UR Denial Date: | 06/28/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old male, who sustained an industrial injury on 07-02-1999. Work status is not indicated in the reviewed medical records. The injured worker is currently diagnosed as having status post interbody fusion at L3-L4 and L4-L5 with chronic back pain, muscle spasms, dysesthesias and weakness in the right lower extremity, depression and anxiety, and dyspepsia from medications. Treatment and diagnostics to date has included lumbar spine surgery, chiropractic treatment, and medications. In a progress note dated 06-15-2015, the injured worker reported severe pain in his back with spasms and a burning sensation down his legs. Objective findings included palpable lumbar spasms with limited range of motion. The treating physician reported requesting authorization for Dexilant.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Dexilant 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary.

Decision rationale: Dexilant is a proton pump inhibitor. According to California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI (gastrointestinal) events such as being over the age of 65, "history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and-or anticoagulant, or high dose or multiple NSAID" use. The injured worker has a current diagnosis of dyspepsia from medications and is prescribed a high dose NSAID (Motrin 800mg three times daily), but is also prescribed Zantac and Omeprazole, which are also used to treat and prevent gastrointestinal events. Additionally, the Official Disability Guidelines classified Dexilant (Dexlansoprazole) as a second line drug proton pump inhibitor, meaning it should only be prescribed if there is evidence the injured worker is unable to take first line drugs. Therefore, the request for Dexilant is not medically necessary.