

Case Number:	CM15-0162770		
Date Assigned:	08/28/2015	Date of Injury:	01/31/2003
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/18/2015

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 41 year old female, who sustained an industrial injury on January 31, 2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having post-lumbar laminectomy syndrome, low back pain, fibromyalgia and myositis not otherwise specified, spasm of muscle, and mood disorder. Treatment and diagnostic studies to date has included medication regimen, lumbar three to sacral one fusion, spinal cord stimulator trial, trigger point injections, acupuncture, physical therapy, psychotherapy, and use of a transcutaneous electrical nerve stimulation unit. In a progress note dated August 04, 2015 the treating physician reports complaints of pain to the low back with difficulty sleeping. Examination reveals decreased range of motion to the lumbar spine, pain on palpation to the paravertebral muscles, allodynia to the bilateral sides, tenderness to the lumbar spinous process, decreased motor strength to the bilateral lower extremities, decreased sensation to the foot, and dysesthesias to the lateral thigh bilaterally. The injured worker's medication regimen included Senna, Clonazepam, Dexilant, Dilaudid, Morphine Sulfate, Promethazine, Ranitidine, Soma, Trazadone, and Wellbutrin. The documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen, but the treating physician did note that the injured worker would like an increase in her medications noting that her current medication regimen was not as effective as

it was in the past. The treating physician requested Dexilant DR 60mg capsules 1 tablet daily with a quantity of 30 with 1 refill noting current use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant cap DR 60mg 1 tab daily #30 with 1 refill: Upheld

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

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

Decision rationale: The requested Dexilant cap DR 60mg 1 tab daily #30 with 1 refill is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain to the low back with difficulty sleeping. Examination reveals decreased range of motion to the lumbar spine, pain on palpation to the paravertebral muscles, allodynia to the bilateral sides, tenderness to the lumbar spinous process, decreased motor strength to the bilateral lower extremities, decreased sensation to the foot, and dysesthesias to the lateral thigh bilaterally. The treating physician has not documented functional improvement from its use. The criteria noted above not having been met, Dexilant cap DR 60mg 1 tab daily #30 with 1 refill is not medically necessary.