

Case Number:	CM15-0190527		
Date Assigned:	10/02/2015	Date of Injury:	01/20/2010
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 32 year old female who reported an industrial injury on 1-20-2010. Her diagnoses, and or impressions, were noted to include: cervical spondylosis and degenerative disc disease; bilateral low back pain with sciatica; lumbar radiculitis and lumbar discogenic pain; right lumbar 5 radiculopathy; chronic pain syndrome; bilateral temporal mandibular joint dysfunction, with grinding of teeth; post-traumatic stress disorder; and long-term use of opioids. The history noted gastric by-pass surgery and cholecystectomy in 1993. Magnetic resonance imaging studies of the lumbar spine were said to be done on 8-29-2014 & 7-5-2015; electrodiagnostic or imaging studies were said to be done on 10-19-2012; and magnetic resonance imaging studies of the cervical spine were said to be done on 8-29-2014. Her treatments were noted to include: a qualified internal medicine medical evaluation; physical therapy - ineffective; 12 sessions of acupuncture - effective; lumbar epidural steroid injections - ineffective; trans-cutaneous electrical nerve stimulation unit therapy; dental work and mouth guard; aquatic therapy - very effective; medication management with opioid agreement; and rest from work. The progress report of 8-26-2015 reported: that she moved back to [REDACTED] and sees this physician every 2 months for re-evaluation and treatment with medications; low back pain, that radiated down the right leg with pins-needles; pain, in her left buttock; that her pain was rated 9 out of 10 without and 7 out of 10 with medications, was aggravated by prolonged movement and activity, was alleviated by lying down, aquatic physical therapy and medications; and that pool therapy decreased her pain to 5 out of 10, but that she paid for it out of pocket. The objective findings were noted to include: no acute distress; positive

right straight leg raise with decreased bilateral lumbar range-of-motion; decreased bilateral gastro-soleus reflexes; decreased sensation over the right lumbar 5 dermatomal distribution; and notation that the internal medicine qualified medical evaluation recommended upper digestive tract examination with endoscopy to rule-out stomal stenosis or marginal ulcer, and the continuation of Dexilant on an industrial basis. The physician's requests for treatments were noted to include: continuation, as recommended, for Dexilant #30 with 2 refills; the continuation of both Senakot and Colace for opioid induced constipation, Senakot 8.6 mg 3 tablets at bedtime, and docusate sodium 100 mg twice a day; the continuation of Miralax, 1 cap daily for opioid induced constipation, #510 grams with 2 refills; keeping her on Oxycontin 20 mg every 12 hours, and Percocet 10-325 mg 4 x a day as needed for breakthrough pain (Percocet to be filled on 9-26-2015 due to traveling back-forth to [REDACTED]). The Request for Authorization, dated 9-9-2015, was noted to include: Dexilant 60 mg, #30 with 2 refills; Colace 100 mg, #60 with 2 refills; Senakot 8.6 mg, #90 with 2 refills; Miralax powder 610 grams, #2; Percocet 10-325 mg, #120; and Oxycontin 20 mg, #60. The Utilization Review of 9-17-2015 non-certified the request for: Percocet 10-325 mg, #60; Oxycontin 20 mg, #60; and Dexilant 60 mg, #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60 mg QTY 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Dexilant is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, the claimant had prior gastric surgery and had intermittent nausea vomiting and constipation. The claimant had also tried multiple stool softeners. A GI consult was pending. The nature of the symptoms are non-specific. A further work-up is more appropriate rather than empiric provision of PPI. The continued and chronic use of Dexilant is not medically necessary.