

Case Number:	CM15-0190818		
Date Assigned:	10/05/2015	Date of Injury:	05/22/2014
Decision Date:	12/03/2015	UR Denial Date:	09/04/2015
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: 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 44 year old female who reported an industrial injury on 5-22-2014. Her diagnoses, and or impressions, were noted to include: other symptoms involving abdomen and pelvis; esophageal reflux; functional digestive disorders; "GERD" secondary to non-steroidal anti-inflammatory (NSAIDS) medications; and long-term (current) use of NSAIDS. Her treatments were noted to include medication management. The progress notes of 8-19-2015 reported significantly improved acid reflux symptoms with the use of Dexilant and Gaviscon. The objective findings were noted to include: normal laboratory findings performed on 7-28-2015. The physician's requests for treatment were noted to include continuation of a "GERD" diet, avoiding all NSAIDS, and the continuation of Dexilant 60 mg daily, #30, with 1 refill for proton pump inhibitor therapy. The Request for Authorization, dated 8-27-2015, was noted to include Dexilant 60 mg daily, #30 with 1 refill. The Utilization Review of 9-4-2015 non-certified the request for Dexilant 60 mg, #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60 mg PO daily # 30, Refill: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Proton Pump Inhibitors.

Decision rationale: According to ODG, "A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective." (AHRQ, 2011) The utilization of a proton pump inhibitor is supported in this case; however, the medical records do not establish attempt at first line PPI such as omeprazole. The request for Dexilant 60 mg PO daily # 30, Refill: 1 is not medically necessary and appropriate.