

Case Number:	CM15-0195405		
Date Assigned:	10/09/2015	Date of Injury:	01/18/2006
Decision Date:	11/19/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	10/05/2015

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:

The injured worker is a 48 year old male who sustained an industrial injury January 18, 2006. Diagnoses are lumbar disc displacement; RSD-CRPS (reflex sympathetic dystrophy- complex regional pain syndrome) of the lower limb; post-laminectomy syndrome, lumbar spine; degeneration of lumbar intervertebral disc; lumbar radiculopathy; chronic pain syndrome. According to a treating physician's operative report dated August 24, 2015, the injured worker has had intractable low back pain with radiculopathy bilateral lower extremities with numbness, weakness, unstable gait, right greater than left. He also reported mid back and bilateral shoulder pain. He has failed all conservative treatments including physical therapy, heat and cold therapy, oral and compounded medications-pharmacological therapy, transcutaneous electrical nerve stimulation, acupuncture, aquatic therapy, chiropractic therapy, multiple lumbar epidural steroid injections, trigger point injections, failed spinal cord stimulator implant. He elected to undergo a percutaneous electrical nerve stimulator implantation August 24, 2015. At issue is the request for authorization (form not available in the medical record) for Dexilant cap 60mg DR # 30 with no refill. According to utilization review dated August 31, 2015, the request for Dexilant Cap 60mg DR #30, no refill is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant cap 60mg DR # 30 with no refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and pg 116.

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 or for those on anticoagulation/anti-platelet. In this case, there is mention of stress induced GERD for which the claimant is on Ranitidine (H2 blocker) as well. There is no mention of NSAID or anticoagulant use. Further investigation of GERD was not specified. Although it may be used for all those with GI risks, the specific risks were not identified. Use of PPIs are not indicated for stress. The request for Dexilant is not medically necessary.