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| Case Number: | CM15-0201025 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 03/03/2010 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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 is a 43 year old female who sustained an industrial injury on 3-3-2010. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain-strain, left knee sprain-strain, sleep disturbance and gastrointestinal upset with pain medication. According to the progress report dated 7-15-2015, the injured worker complained of lumbar spine pain rated 8 out of 10 and left knee pain rated 6-7 out of 10. The physical exam was noted to be unchanged since 6-10-2015. The injured worker was noted to have gained 40 pounds since 2010. Treatment has included medications. Current medications included Dexilant and Tylenol #3. Tramadol was discontinued. The original Utilization Review (UR) (10-1-2015) denied a request for Dexilant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant quantity 30 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms &

cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter 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 concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had GI upset while on pain medications. The claimant is not currently on NSAIDS. The claimant was on Dexilant for several months and the guidelines recommend brief use. Therefore, the continued use of Dexilant is not medically necessary.