

<b>Case Number:</b>	CM15-0209541		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	04/10/1989
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 63 year old male, who sustained an industrial-work injury on 4-10-89. A review of the medical records indicates that the injured worker is undergoing treatment for history of Gastroesophageal reflux disease, chronic pain syndrome, lumbar degenerative disc disease (DDD) and chronic opioid therapy for pain control. Medical records dated (2-2-15 to 9-1-15) indicate that the injured worker has a medical history of Gastroesophageal reflux disease (GERD). He complains of low back and knee pain with history of 3 spine surgeries and 11 knee surgeries. The physical exam reveals bilateral lower extremities (BLE) dependent edema, enlarged knee joints, and bony protrusion at L1. There are no documented gastrointestinal complaints. Treatment to date has included pain medication, Dilaudid, Provigil, Lexapro, Wellbutrin, Zofran, Lidoderm patch, Dexilant since at least 2-2-15, Kapidex and other modalities. The treating physician indicates that the urine drug test result dated 2-2-15 was consistent with the medication prescribed. The requested service included Dexilant DR (delayed release) 60mg, unknown quantity. The original Utilization review dated 9-29-15 non-certified the request for Dexilant DR (delayed release) 60mg, unknown quantity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant DR (delayed release) 60mg, unknown quantity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation (ODG-TWC), Pain Procedure Summary - Proton Pump Inhibitors (PPIs).

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

**Decision rationale:** The requested Dexilant DR (delayed release) 60mg, unknown quantity, 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 that "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 a medical history of Gastroesophageal reflux disease (GERD). He complains of low back and knee pain with history of 3 spine surgeries and 11 knee surgeries. The physical exam reveals bilateral lower extremities (BLE) dependent edema, enlarged knee joints, and bony protrusion at L1. There are no documented gastrointestinal complaints. The treating physician has not documented functional improvement from its use, not the quantity being requested. The criteria noted above not having been met, Dexilant DR (delayed release) 60mg, unknown quantity is not medically necessary.