

Case Number:	CM15-0221881		
Date Assigned:	11/19/2015	Date of Injury:	09/14/2008
Decision Date:	12/30/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/13/2015

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: North Carolina

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 was a 51-year-old female, who sustained an industrial injury on September 14, 2008. The injured worker was undergoing treatment for hypertension secondary to anti-inflammatory medications, GERD (gastroesophageal reflux disease) and orthopedic condition. According to the progress note of September 3, 2015 the injured workers blood pressure was 124 over 69. According to progress note of October 15, 2015, was a follow-up for blood pressure check. The injured worker's blood pressure was 134 over 76. The injured worker blood pressure was stable on current medications. The injured worker was in sinus rhythm. According to the orthopedic note of October 13, 2015, the injured worker's pain level was 5 out of 10 in the lower back, 5 out of 10 cervical pain, right shoulder pain was 3 out of 10, left shoulder pain was 8 out of 10. The injured worker was currently taking Tramadol and Cyclobenzaprine for pain. The injured worker previously received the following treatments Tramadol, Cyclobenzaprine, Cozaar 50mg #30 on April 29, 2015; Cozaar increased 100mg on July 8, 2015; Dexilant 6mg once daily since April 29, 2015 and Edarbyclor 40-12.5mg once daily since August 6, 2015. The RFA (request for authorization) dated October 15, 2015; the following treatments were requested Dexilant 6mg #30 times 11 refills and Edarbyclor 40-12.5mg #30 with 11 refills. The UR (utilization review board) denied certification on October 23, 2015, for prescriptions for Dexilant 6mg #30 times 11 refills modified to Dexilant 6mg #30 with no refills and Edarbyclor 40-12.5mg #30 with 11 refills, which was modified to Edarbyclor 40-12.5mg #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 6 mg: Overturned

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 PDR, dexilant.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of GERD, peptic ulcer disease and gastritis. The patient does have these diagnoses and has documentation of symptoms and findings on exam. Therefore, the request is medically necessary.

Edarbyclor 40/12.5 mg #30 x 1 year: Overturned

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 PDR, edarbyclor.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of hypertension. The patient does have these diagnoses and has documentation of controlled hypertension on medications. Therefore, the request is medically necessary.