

<b>Case Number:</b>	CM15-0034063		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	04/17/2008
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old male, who sustained an industrial injury on April 17, 2008. The injured worker had reported a neck and right shoulder injury. The diagnoses have included cervical degenerative disc disease, adhesive capsulitis, cervical spine radiculopathy, chronic neck pain, status post arthroscopic right shoulder rotator cuff repair, status post-secondary right shoulder surgery, status post third right shoulder surgery with adhesive lysis, cervical fusion in 2011 and a removal of hardware and extension cervical spine fusion on January 29, 2015. Treatment to date has included pain medication, diagnostic testing, rigid neck brace, physical therapy and multiple surgeries. Current documentation dated February 4, 2015 notes that the injured worker complained of right shoulder pain and difficulty sleeping. The pain was rated a seven out of ten on the Visual Analogue Scale with medications. The injured worker was status post cervical spine fusion a week prior. Physical examination revealed a decreased range of motion of the cervical spine and the right shoulder. The injured worker also had a decreased grip in the right hand. On February 12, 2015 Utilization Review non-certified a request for Dexilant 60 mg. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant 60 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for Dexilant, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Dexilant is not medically necessary.