

Case Number:	CM15-0042904		
Date Assigned:	03/13/2015	Date of Injury:	09/15/2012
Decision Date:	04/16/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 36 year old female, who sustained an industrial injury on September 15, 2012. The injured worker had reported neck, back, bilateral shoulder, bilateral upper extremity and bilateral knee and feet injuries secondary to her work duties. The documentation notes the injured worker also sustained a psychological injury related to an on duty robbery. Industrial related diagnoses have included abdominal pain, acid reflux, constipation, diarrhea and posttraumatic stress disorder. Treatment to date has included prescribed medications and over the counter medications, including Pepto-Bismol. Current documentation dated January 7, 2015 notes that the injured worker complained of abdominal tenderness. Physical examination revealed epigastric and lower quadrant abdominal tenderness. The documentation notes that the injured worker possibly suffered from gastropathy and irritable bowel syndrome secondary to stress. The treating physician's recommended plan of care included Dexilant 60 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg: 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 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This worker has chronic pain with an injury sustained in 2012. Dexilant is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of dexilant.