

<b>Case Number:</b>	CM15-0043672		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	12/02/2006
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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

### 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 51-year-old female, who sustained an industrial injury on 12/12/2006. She has reported pain in the low back and bilateral lower extremities. The diagnoses have included complex regional pain syndrome of the left lower extremity; contralateral spread of neuropathic pain to right lower extremity; status post permanent spinal cord stimulator implant; rheumatoid arthritis, and bilateral knee arthritis. Treatment to date has included medications, trigger point injection, physical therapy, home health care, and surgical interventions. Medications have included Lyrica, Tramadol, Lidoderm patches, and Dexilant. A progress note from the treating physician, dated 01/27/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of being completely disabled with chronic pain; is wheelchair bound; continues to get daily health care assistance; stimulator is effective for the leg pain; and continues treatment for rheumatoid arthritis. Objective findings included the lower extremities are slightly tender with allodynia; lumbar spine is very tender; and she is wheelchair bound. The treatment plan has included continuation of home health care assistance and prescription medications. Request is being made for 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 #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA labeled indications for Dexilant: for Healing of Erosive Esophagitis.

**Decision rationale:** The patient presents on 01/27/15 with unrated chronic pain of the lower back and bilateral lower extremities, is wheelchair-bound. The patient's date of injury is 12/02/06. Patient is status post unspecified left wrist surgery, placement of a spinal cord stimulator at a date not provided, and trigger point injections on 07/22/15 to an unspecified location. The request is for DEXILANT 60MG #30. The RFA is dated 02/05/15. Physical examination dated 01/27/15 reveals tenderness to palpation of the lumbar spine, and pain elicitation upon palpation of the bilateral lower extremities. Allodynia is noted to the bilateral lower extremities. The patient is currently prescribed Lyrica, Ambien, Tramadol, MiraLax, Proctofoam cream, Zofran, Lidoderm cream, Xeljanz, Folic Acid, Methotrexate, and Dexilant. Diagnostic imaging was not included. Patient is classified as permanently disabled. FDA labeled indications for Dexilant: "for Healing of Erosive Esophagitis. Dexilant is indicated for healing of all grades of erosive esophagitis -EE- for up to eight weeks. Dexilant is also indicated to maintain healing of EE and relief of heartburn for up to six months. Dexilant is indicated for the treatment of heartburn associated with symptomatic non-erosive gastroesophageal reflux disease, GERD, for four weeks." In regard to the request for Dexilant, the treater has not provided a reason for the request. This patient has been taking Dexilant since at least 07/22/15; however, there are no subjective complaints of GI upset included in the associated progress note and this patient is not currently taking NSAIDs. Most recent progress note dated 01/27/15 does not include any discussion of this medication's efficacy or discuss GI complaints; this patient is currently taking Methotrexate for her rheumatoid arthritis, which can cause significant GI upset, though this medication is prescribed by another provider so the dosing is not clear. Without clearer documentation of GI symptoms or established PPI efficacy, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.