

Case Number:	CM15-0048026		
Date Assigned:	03/20/2015	Date of Injury:	05/15/1987
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/13/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female patient, who sustained an industrial injury on 05/15/1987. A primary treating office visit dated 02/09/2015, reported subjective complaint of her pain level has remained unchanged since last visit. The patient rates her pain with medications a 5 out of 10 and without medications, it's an 8 out of 10 in intensity. There is no change in the location of the pain. Her quality of sleep is noted poor. Her activity level is decreased. Of note, a transcutaneous nerve stimulating unit was denied. Current medications are: MS Contin CR 30mg, Norco 10/325mg, Lorazepam 1mg, Zantac, and Albuterol inhaler. She is noted being allergic to Duragesic patch, Oxycontin. Physical examination found her appearing in mild pain with slow gait using a cane. The lumbar spine revealed surgical scars. Range of motion is restricted with flexion to 55 degrees limited by pain. On palpation, the lumbar spine noted with paravertebral muscles tenderness bilaterally. There is also tenderness over the trochanter. The following diagnoses are applied: lumbar radiculopathy, post lumbar laminectomy syndrome, lumbar spine degenerative disc disease and low back pain. The plan of care involved continue with Dexilant, and all other medications and follow up in 4 weeks. There is a note from this patient stating that Zantac had worked in the past when taken twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant DR 30 MG #30 5RF: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68. Decision based on Non-MTUS Citation Pain - Proton Pump Inhibitors.

Decision rationale: MTUS Guidelines support the use of standard proton pump inhibitors i.e. (Zantac or Prilosec) for GI symptoms associated with medications. In addition, there is good evidence that at least one of these has been effective for this individual. For undocumented reasons Dexalint was recommended. Guidelines state that this is a 2nd line drug and is not recommended or superior when compared to the other commonly utilized proton pump inhibitors. In this circumstance the Dexalint 30mg. #30 is not supported by Guidelines and is not medically necessary.