

Case Number:	CM15-0050525		
Date Assigned:	03/24/2015	Date of Injury:	06/05/2009
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, Illinois

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 49-year-old female, with a reported date of injury of 06/05/2009. The diagnoses include acute postoperative cervical spine pain status post cervical fusion surgery, hiatal hernia, gastroesophageal reflux disease, gastritis, and constipation/diarrhea. Treatments to date included cervical spine surgery on 09/15/2014, an x-ray of the cervical spine, computerized tomography (CT) scan of the cervical spine, H. pylori treatment, and oral medications. The progress report dated 01/21/2015 indicates that the injured worker reported no change in her acid reflux. She also reported no change with her constipation. The injured worker complained of ongoing bloating, and was positive for a hiatal hernia. The physical examination showed a soft abdomen, a non-tender abdomen, and positive bowel sounds. The treating physician requested Dexilant with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60 mg DR #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)ODG Workers Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on 06/05/2009. The medical records provided indicate the diagnosis of acute postoperative cervical spine pain status post cervical fusion surgery, hiatal hernia, gastroesophageal reflux disease, gastritis, and constipation/diarrhea. Treatments has included cervical spine surgery on 09/15/2014. The medical records provided for review do not indicate a medical necessity for Dexilant 60 mg DR #30 with 2 refills. Dexilant (Dexlansoprazole) is a proton pump inhibitor used in the treatment of gastrointestinal side effects of NSAIDS in the treatment of Gastric ulcer or Gastroesophageal reflux disease. The Official Disability Guidelines recommends this medication as an "N" drug, which means it is not a first line drug and requires utilization, therefore it is not medically necessary.