

Case Number:	CM15-0054700		
Date Assigned:	03/30/2015	Date of Injury:	07/02/1999
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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: Connecticut, California, Virginia
 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 61 year old male who sustained an industrial injury on 7/2/99 while cleaning a cow pen. He was hit in the back several times by a bull knocking him to the ground. He was seen immediately by a chiropractor, had an MRI lumbar spine with possible disc herniation, lumbar discogram, IDET procedure for diagnostic pain. He currently is complaining of chronic back pain with radiation to both legs and muscle spasms. He walks with a limp. Medications include OxyContin, oxycodone, Zantac, Dexilant, ibuprofen. He reports 50% reduction of pain and functional improvement with medications. His pain intensity is 8/10 but has been as low as 4/10 with medications. It is 10/10 without medications. His urine drug screens have been appropriate. Diagnoses include status post inter-body fusion at L3-4 and L4-L5 with chronic back pain and muscle spasms and dyesthesias in both legs; status post gallbladder removal and biliary stent placement; reactive depression; dyspepsia from medications; insomnia. Treatments to date include medications, exercise, and epidural steroid injections with temporary relief (a few days). Diagnostics include electromyography/nerve conduction study of the lower extremities (no date) normal study; computed tomography myelogram of the lumbar spine (9/1/09) abnormal; MRI of the lumbar spine (1/13/14, 9/1/09) abnormal; computed tomography of the abdomen (5/27/14). In the progress note dated 2/10/15 the treating provider's plan of care includes refilling Dexilant for dyspepsia from non-steroidal anti-inflammatories as Dexilant has stabilized his dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Several provided notes mention chronic use of NSAIDs along with multiple other medications, and the patient is known to have chronic dyspepsia due to medications. It has been stated by utilization review during non-certification that the patient has historically been controlled with Zantac and that a trial with omeprazole or lansoprazole prior to Dexilant may be appropriate. Provided clinical notes support clear history of dyspepsia requiring chronic treatment. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. It is the opinion of this reviewer that the request for Dexilant given the chronicity of the case is reasonable in order to treat possible dyspepsia and allow for clarification of need prior to continued treatment, making the request medically appropriate given the provided information as the risk of discontinuation does not outweigh the benefit at this time. Future treatment requests should provide objective exam findings, etc. to support the requests.