

Case Number:	CM15-0238490		
Date Assigned:	12/15/2015	Date of Injury:	11/12/2010
Decision Date:	01/25/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/07/2015

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: Family Practice

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 65 year old male, who sustained an industrial injury on 11-12-10. The injured worker was being treated for non-industrial stomach cancer, sleep disorder secondary to pain, constipation and gastroesophageal reflux disease. On 6-10-15 and 9-15-15, the injured worker reports improving abdominal pain and improving acid reflux and constipation. Physical exam performed on 6-10-15 and 9-15-15 revealed soft abdomen with normoactive bowel sounds. Treatment to date has included oral medications including Dexilant 60mg, Colace 250mg and Theramine. The treatment plan included requests for Dexilant 60mg #30 and Colace 250mg #60. On 11-10-15 request for Dexilant 60mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg daily quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter/ proton pump inhibitors.

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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). In this case, the injured worker has been recommended not to utilize NSAIDs. This medication is being prescribed for GERD gastroesophageal reflux disease. However, the medical records do not establish attempt and failure of first line proton pump inhibitor. As noted by ODG, A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective (AHRQ, 2011). The request for Dexilant is not medically necessary or appropriate.