

Case Number:	CM14-0145860		
Date Assigned:	09/12/2014	Date of Injury:	03/13/2001
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 who reported an injury on 03/13/2011 due to an unknown mechanism. Diagnoses were cervical dystonia/neuralgia, muscle spasm/myofascial pain, cervical sprain/strain, chronic pain syndrome. Past treatments were medications, Botulinum toxin injections for management of cervical dystonia, home exercise. Physical examination on 08/12/2014 revealed that the injured worker's Cymbalta was increased to 60 mg daily to better manage her depression, anxiety, and chronic myofascial pain condition, in addition to neuropathic pain. Examination revealed range of motion for the cervical spine with flexion, extension, and side bending revealed complaints of pain at extremes of motion. Trigger points were palpated in the cervical paraspinal muscles and trapezius muscles with complaints of pain. Upper extremity strength was 5/5 for all muscles tested. Sensory examination was within normal limits for the upper extremities. Deep tendon reflexes were 2+, bilaterally, equal and symmetric. Medications were Lyrica, Senokot, Cymbalta, Dexilant, Norco. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #30 refill x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: The decision for Dexilant 60mg #30 refill times three is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age 65 years, a history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple non-steroidal anti-inflammatory drug (NSAIDs). Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, Naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The injured worker had not tried over the counter medication for gastroesophageal reflux disease (GERD). The request does not indicate a frequency for the medication. There were no significant factors reported to justify the request for Dexilant 60mg. Therefore, this request is not medically necessary.