

Case Number:	CM14-0145968		
Date Assigned:	10/02/2014	Date of Injury:	05/02/2006
Decision Date:	10/28/2014	UR Denial Date:	08/22/2014
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 and is licensed to practice in California. 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:

This 39 year-old injured worker sustained an injury on 5/2/06 employed by [REDACTED]. Request under consideration include Dexilant 30mg po q daily #30. Diagnoses include carpal tunnel syndrome; cervical disc displacement; and lumbar disc displacement. Hand-written report of 4/16/14 noted injured worker with ongoing cervical spine, left shoulder, bilateral wrist/hand, and lumbar spine pain rated at 7-8/10 associated with numbness. Treatment included topical compounds and Dexilant, Pantoprazole and Omeprazole. Hand-written report of 6/11/14 from the provider noted the injured worker with ongoing constant chronic neck pain rated at 8-9/10 radiating to bilateral shoulders; bilateral wrist pain with intermittent numbness; low back pain; and left knee pain. Exam showed cervical spine with diffuse tenderness, swelling and spasm on left trapezius, left scapular region; limited range; weak grip bilaterally; positive Spurling's and pain on hyperextension. Treatment included orthopedic, psychiatric, and internist follow-up; medications; and update magnetic resonance imaging (MRI) of cervical spine. The request for Dexilant 30mg po q daily #30 was non-certified on 8/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 30mg; po q daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand

Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Dexilant (Dexlansoprazole) is a delayed-release capsules, a proton pump inhibitor, is a medication for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the injured worker does not meet criteria for Lansoprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The request for Dexilant 30mg po q daily #30 is not medically necessary.