

<b>Case Number:</b>	CM14-0182968		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	09/06/1996
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Occupational Medicine 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 is a 55-year old male patient with a date of injury on 9/6/1996. The mechanism of injury occurred when a pile of boxes of televisions fell on top of his left wrist. In a progress note dated 9/15/2014, the patient stated that Dexilant has improved his acid reflux and indigestion symptoms. He reported good tolerance of medications with no side effects. Zofran has provided relief for nausea and vomiting. In a 6/18/2014 progress report, his vomiting was due to his chronic anxiety and stress. Objective findings: no focal neurologic deficits, and no abnormalities shown on physical examination. The diagnostic impression showed GERD secondary to stress and medications, abdominal pain, and history of recurrent vomiting/history of bright red blood per rectum. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 10/31/2014 denied the request for Dexilant 60mg and Zofran. Regarding Dexilant, the rationale provided regarding the denial was that this medication is an "N" drug on the ODG-TWC drug formulary, and there was no documentation indicating that this "N" drug was more beneficial to the claimant than a "Y" drug in the class of medication. Regarding Zofran, the rationale provided regarding the denial was that there was no supporting evidence of objective functional benefit with medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant 60mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation FDA (Dexilant)

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In this particular case, the patient is diagnosed with GERD. This patient has a diagnosis of GERD, and guidelines support the use of proton pump inhibitors in this setting. However, the quantity of medication requested was not provided in this request. Therefore, the request for Dexilant 60mg, as submitted, was not medically necessary.

**Zofran:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA: Ondansetron

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address this issue. The FDA states that ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, this patient was not noted to have had recent surgery, radiation therapy, or cancer chemotherapy. In fact, according to a 6/18/2014 progress report, the patient's vomiting was due to his chronic anxiety and stress. Furthermore, the strength and quantity of the medication requested was not provided for review. Therefore, the request for Zofran was not medically necessary.