

Case Number:	CM14-0151060		
Date Assigned:	09/19/2014	Date of Injury:	06/02/1997
Decision Date:	04/20/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/16/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on 6/2/1997. The diagnoses have included cervicalgia, shoulder pain and lower extremity dysfunction. Treatment to date has included physical therapy and medication. According to the progress report dated 9/2/2014, the injured worker complained of cervical pain, back stiffness, numbness and tingling in his right and left arm, radicular pain in his right and left arm and headaches. He also complained of acute pain in the left knee. The injured worker complained of right shoulder pain and also back pain. Current medications included Ambien, Avalide, Dexilant, Fentanyl, Imitrex, Lidoderm patch, Nortriptyline and Percocet. Per the review of systems, the injured worker was positive for migraine, headaches, nausea and vomiting. Spinal exam revealed tenderness to palpation and decreased range of motion. The treatment plan was to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg capsule, QTY: 30, with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill 2006 and Physician's Desk Reference, 68th Edition (www.RxList.com).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dexilant 60 mg #30 with three refills one every morning #30 is not medically necessary. Dexilant is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are chronic neck pain cervical radiculopathy; status post cervical discectomy and fusions with hardware removal; failed cervical spine surgery; status post right shoulder surgery impingement; bilateral carpal tunnel syndrome; chronic medial epicondylitis right elbow; chronic flexor tendinitis both wrists; posttraumatic conversion medial degenerative arthritis left knee. There are no comorbid conditions or past medical conditions enumerated in the medical record identifying risks for gastrointestinal events. Specifically, there is no history of peptic ulcer, G.I. bleeding, concurrent use of aspirin, etc. Dexilant was first noted in a progress note dated April 10, 2014. The injured worker, at one time in the past, was taking ibuprofen and developed gastrointestinal related events. The injured worker is no longer taking nonsteroidal anti-inflammatory drugs according to a September 2, 2014 progress note. There is no clinical indication or rationale in the medical record for using proton pump inhibitors. Consequently, absent clinical documentation with risk factors, comorbid conditions or a past medical history of peptic ulcer, G.I. bleeding, concurrent use of aspirin, etc., Dexilant 60 mg #30 with three refills one every morning #30 is not medically necessary.