

Case Number:	CM14-0211646		
Date Assigned:	12/24/2014	Date of Injury:	09/23/2013
Decision Date:	02/20/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/17/2014

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 49-year-old female with a 9/23/13 date of injury. She was seen on 11/12/14 complaining of gastrointestinal problems (GI). She reported having pain in the midepigastic region with associated bloating and nausea especially after eating greasy or fatty foods. She takes 4 omeprazole a day without relief. Exam findings revealed tenderness in the epigastric region with a positive Murphy's sign. Her diagnosis is rule out cholelithiasis. An H pylori test was requested and her Norco was reduced. AN abdominal ultrasound was also requested. The UR determination letter dated 11/26/14 denies the request based on 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 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton Pump Inhibitors (PPI's)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: CA 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. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. This patient has tenderness In the epigastric region for which omeprazole has not helped. Trying another PPI in this case is reasonable. She is scheduled to have an abdominal US to rule out any biliary cause of her symptoms. However, she does have epigastric tenderness and trying a new PPI is reasonable. Therefore, the request for Dexilant #30 was medically necessary.