

<b>Case Number:</b>	CM14-0212491		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	11/01/1998
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: 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 patient is an injured worker with a history of failed back syndrome, lumbar decompressive surgery, and lumbar fusion. Date of injury was November 1, 1998. The progress note dated 11-26-14 documented a history of failed back syndrome, lumbar decompressive surgery, and lumbar fusion on 07-15-02 and 07-17-12. The patient was last seen 10-31-14. The patient's pain levels are at intensity level 10 in the low back and 7 in the mid back. The patient is flared and suffers from chronic pain syndrome and secondary myofascial syndrome. Opioid risk assessment was accomplished. The patient failed an implantable spinal stimulator. She has failed multiple surgeries. She has even been to a multidisciplinary functional restoration pain clinic and has failed this. Medications were Lidoderm, Neurontin, Percocet, Soma, slippery elm, Dexilant, and Klonopin. Physical examination was documented. The patient is in no apparent distress. Pain behavior is absent. The patient is alert and oriented to person, time, and place. Cranial nerves II-XII were functionally intact. Cervical spine tightness was noted. Trigger points noted in the bilateral levator groups. Lumbar myofascial restrictions noted in the bilateral gluteus medius and piriformis groups. The patient has an intractable pain syndrome that is quite resistant to treatment. She has failed chiropractic, multiple injections including epidural steroids. She has failed implantable dorsal column stimulator and she has failed multidisciplinary treatment. After considerable study and effort, it has been determined that she does best on Percocet maximum seven tablets a day pursuant to her opioid agreement. For flare-ups we agreed to perform trigger point and Toradol injections rather than increasing her opioid medications. Based on random toxicology studies she is consistent with the terms of her opioid agreement. There is no aberrant

behavior or adverse effects. She achieves improved functioning in terms of being able to dust and perform household activity with the current medications. She has lost considerable weight and we suspect that she may have an undiagnosed subclinical malignancy. However, the studies have, all been negative thus far. For all of these reasons we have elected to continue her on her current medication management regimen which includes Lidoderm, Neurontin, Percocet, Soma, Dexilant, and Klonopin. A medication agreement was executed. This is in conformance with accepted standards and intractable pain acts and sets forth the rules and conditions applicable for the use of opioid analgesics. The patient in particular understands that he/she must use the medication only as prescribed for chronic pain. Furthermore the patient agrees that lost or stolen medication will not be replaced. If the patient runs out of medication early, it will not be refilled early, absent a new examination or evaluation and demonstration of medical necessity. The patient agrees to submit to random drug screens to assure compliance with the treatment regimen. The patient agrees to regular physical examinations as required under the standard of care. The patient also agrees to good motivation and compliance with non-opioid courses of treatment, including referrals to outside pain clinics, specialists, psychologists, and testing as deemed appropriate and necessary. Treatment plan included prescriptions for Percocet, Neurontin, and Lidoderm.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Dexilant Cap 60mg DR #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records do not document gastrointestinal risk factors. The progress report date 11/26/14 does not document NSAID prescription. No gastrointestinal complaints or conditions are documented. Hemoglobin laboratory test was normal on 10/21/14. Medical records do not provide support for the use of Dexilant. The request for Dexilant is not supported by MTUS guidelines. Therefore, the request for Dexilant Cap 60mg DR #6 is not medically necessary.