

Case Number:	CM14-0214989		
Date Assigned:	01/07/2015	Date of Injury:	01/27/2014
Decision Date:	03/03/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Ohio, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 23, 2014. In a Utilization Review Report dated December 11, 2014, the claims administrator failed to approve a request for Dexilant, referencing an RFA form received on December 4, 2014 in its determination. The applicant's attorney subsequently appealed. Electrodiagnostic testing of the lumbar spine of bilateral lower extremities dated August 4, 2014 was interpreted as normal. On July 9, 2014, the applicant was described as no longer working, despite having used a TENS unit and manipulative therapy. The applicant was apparently both Workers' Compensation indemnity benefits and disability benefits, the treating provider acknowledged. The applicant had a past medical history notable for anxiety and past surgical history notable for multiple skin grafts to the upper extremities. The applicant was using Zantac, Reglan, Lexapro, Neurontin, Xanax, and butalbital, it was acknowledged. The applicant reported some upset stomach associated with medication consumption, it was noted. The applicant was asked to obtain MRI imaging of the bilateral knees and electrodiagnostic testing of the lower extremities. The applicant was asked to continue Neurontin and Prilosec while starting Voltaren gel and Zanaflex, it was stated at the bottom of the report. On August 6, 2014, multiple medications were refilled, including omeprazole. Multiple interventional spine procedures were sought for the lumbar spine, including facet blocks. On September 3, 2014, the attending provider again refilled omeprazole for the applicant's stated diagnosis of medication-induced gastritis. It was stated that the applicant denied any issues with upset stomach at this point in the review of systems section of

the note. On October 1, 2014, the attending provider stated that he was refilling omeprazole for medication-induced gastritis. The attending provider stated that medications continue to help but did not elaborate insofar as omeprazole was concerned. In a later progress note dated November 20, 2014, the attending provider stated that he was refilling Dexilant for gastric prophylactic effect owing to issues with upset stomach associated with medications/medication induced gastritis. There was no mention of omeprazole on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, NSAIDs, GI Symptoms, and Cardiovascu.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Dexilant are indicated in the treatment of NSAID-induced dyspepsia, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the applicant was described on multiple progress notes, referenced above, throughout early, mid, late 2014 as having responded favorably to introduction of omeprazole, another proton pump inhibitor. The attending provider did not clearly outline why Dexilant was being introduced in conjunction with the previously prescribed omeprazole. The attending provider did not clearly establish a role for Dexilant in the face of the applicant's concurrently using and having reportedly responded favorably to previous usage of omeprazole (Prilosec). Therefore, the request was not medically necessary.