

Case Number:	CM15-0008849		
Date Assigned:	01/26/2015	Date of Injury:	06/03/2004
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/15/2015

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: Physical Medicine & Rehabilitation

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 73-year-old female who reported an injury on 06/30/2004. On 01/12/2015, she presented for a followup evaluation. She reported bilateral knee pain, worse on the left than the right with painful swelling. She also reported difficulty with weight bearing, kneeling or squatting. She rated her pain at a 9/10 with the best being a 4/10 with medications and 10/10 without medications. She reported a 50% reduction in her pain and a 50% functional improvement with activities of daily living due to her medications. Her medications included Nucynta, Zofran, and omeprazole. A physical examination showed bilateral limited range of motion in all planes. Stability testing revealed laxity in all planes and there was crepitus on flexion to extension passively. Patellar compression was painful in both knees more so on the left and there was painful swelling in the infrapatellar tendon of the left knee, not noted on the right. She was diagnosed with status post left total knee replacement with ongoing knee pain, history of right knee pain with severe DJD with sprain and strain injury, history of nausea side effects from pain medications stable with as needed Zofran use, and history of dyspepsia for medication use stable with omeprazole. The treatment plan was for Dexilant 60 mg #30. The rationale for treatment was to treat the injured worker's dyspepsia secondary to medication use.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/GI risks Page(s): 67-69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors such as Dexilant for the treatment of dyspepsia due to NSAID therapy or for those at high risk for gastrointestinal events while on NSAID therapy. Based on the clinical information submitted for review, the injured worker was not noted to be taking NSAIDS and therefore, the requested medication would not be supported. Also, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.