

Case Number:	CM15-0015394		
Date Assigned:	02/03/2015	Date of Injury:	09/05/2001
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Illinois

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 injured worker is a 64 year old male who sustained an industrial injury to his lower back on September 5, 2001. There was no mechanism of injury documented. The injured worker was diagnosed with lumbago, displacement of lumbar intervertebral disc without myelopathy and displacement of thoracic intervertebral disc without myelopathy. According to the primary treating physician's progress report on November 13, 2014 and December 22, 2014, the injured worker was evaluated for back stiffness, numbness of the bilateral arms and numbness with radicular pain of the bilateral lower extremities. Current medications are Dexilant, Norco, MS Contin and Valium. The treating physician requested authorization for Dexilant 60 mg #30 X4 refills. On January 6, 2015 the Utilization Review denied certification for Dexilant 60 mg #30 X4 refills. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60 mg #30 X4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs ,GI symptoms and Cardiovascular Risk.

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

Decision rationale: The injured worker sustained a work related injury on September 5, 2001. The medical records provided indicate the diagnosis of lumbago, displacement of lumbar intervertebral disc without myelopathy and displacement of thoracic intervertebral disc without myelopathy, unstable angina. Treatment has included Aspirin 325mg, Dexilant, Valium, Norco, MS Contin. The medical records provided for review do not indicate a medical necessity for Dexilant 60 mg #30 X4 refills. The MTUS recommends the use of proton pump inhibitors by individuals at risk of gastrointestinal events on treatment with the Non-steroidal Anti inflammatory Drugs. These gastrointestinal events include: 1 age greater 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). Besides the use of the regular dose of Aspirin, there is no indication the injured worker is on any other NSAID. The records indicate he has been taking this medication since 09/2012. The MTUS states that long term use of proton pump inhibitors beyond one year is associated with the risk of hip fracture.