

<b>Case Number:</b>	CM15-0016058		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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 female, who sustained an industrial injury on 7/1/05. She has reported neck injury. The diagnoses have included chronic pain syndrome, lumbar spondylosis and cervical spondylosis. Treatment to date has included oral medications. Currently, the injured worker complains of significant pain to low back. Physical exam of 1/15/15 revealed tenderness in the lumbar facet joints, pain with lumbar extension and no radicular symptoms. On 1/23/15 Utilization Review non-certified Dexilant delayed release 30mg, noting the lack of documentation of gastrointestinal symptoms and she has not been prescribed NSAIDS. The MTUS, ACOEM Guidelines, was cited. On 1/28/15, the injured worker submitted an application for IMR for review of Dexilant delayed release 30mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant delayed release 30 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, and cardiovascular risks Page(s): 69.

**Decision rationale:** This patient presents with cervical spine, lumbar spine and upper extremity pain. The treater is requesting DEXILANT DELAYED RELEASE 30 MG. The RFA was not made available for review. The patient's date of injury is from 07/01/2005 and her current work status was not made available for review. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, Determine if the patient is at risk for gastrointestinal events: -1- age > 65 years; -2- history of peptic ulcer, GI bleeding or perforation; -3- concurrent use of ASA, corticosteroids, and/or an anticoagulant; or -4- high dose/multiple NSAID -e.g., NSAID + low-dose ASA-. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. MTUS also states, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The records do not show any history of the Dexilant use. The report making the request was not made available. None of the records from 12/18/2014 to 01/15/2015 discuss gastrointestinal events or issues. The patients list of medications was not made available. In this case, the routine use of PPI's is not supported by the MTUS guidelines without documentation of gastrointestinal events. The request IS NOT medically necessary.