

Case Number:	CM15-0111403		
Date Assigned:	06/17/2015	Date of Injury:	04/08/2013
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 42 year old male who reported an industrial injury on 4/8/2013. His diagnoses, and/or impressions, are noted to include: chronic low back pain/lumbago; disorder of rotator cuff and bursae and tendons in the shoulder region; degeneration of lumbar, and lumbosacral, inter-vertebral discs; cervical spondylosis without myelopathy; and patellar tendinitis of the knee. No current imaging studies are noted. His treatments have included consultations; diagnostic studies; acupuncture and chiropractic treatments; "TPI" therapy; trigger point injections in the back; physical therapy; Prednisone therapy and medication management; and rest from work. The progress notes of 5/19/2015 reported a follow-up visit for complaints of myofascial pain; cervical spondylosis; knee sprain and tendinitis; degeneration of lumbar inter-vertebral disc; disorder of rotator cuff; pain in elbow; and chronic low back pain; with reports of difficulty walking, climbing stairs, dressing and bathing, and doing errands solo. He reported continued, moderate/significant pain in his right shoulder and pain that radiated into his buttocks and left leg, that was worse in the evenings; and was 60% improved following injections and therapy. Objective findings were noted to include an obese male in slight-to-moderate distress secondary to back pain; tenderness at the left lumbar para-spinal muscles with positive trigger points at the infra-spinatus muscle; tenderness at the right biceps tendon at the shoulder; slight hypersensitivity at the lumbar dermatome; and improvement in symptoms with the lumbar decompression brace. The physician's requests for treatments were noted to include a 30 day supply of Dexilant for lumbosacral inter-vertebral disc degeneration, and Mobic for 30 days.

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, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/PPI Page(s): 67.

Decision rationale: Dexilant is a PPI. According to the MTUS guidelines, Dexilant is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In addition, the continued use of Mobic as noted below is not recommended. Therefore, the continued use of Dexilant is not medically necessary.

Mobic 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months and was noted to obtain most relief from therapy and injections. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks and the claimant required the use of a PPI (Dexilant). Continued use of Mobic is not medically necessary.