

Case Number:	CM15-0119382		
Date Assigned:	06/29/2015	Date of Injury:	06/17/1995
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year-old female who sustained an industrial injury on 06/17/95. She reported back and leg pain. Current diagnoses include degenerative disc disease, L1-2 and L2-3, flat back deformity, arthrodesis L3 through the sacrum, postoperative lumbar stenosis, and sacroiliac joint dysfunction. In a progress note dated 05/21/15 the injured worker reports low back, mid back, and left leg pain. The pain is shooting, cramping, burning, and rated 6-9 on a 10 point pain scale; the pain is constant and she has left lower extremity numbness with tingling. Physical exam is remarkable for flat lumbar spine, flexed at the hip; there is no range of motion on the left. Neurologic examination was abnormal; manual muscle test showed weakness. Deep tendon reflexes of the left knee were absent. Per the treating provider the injured worker is making steady progress with weight loss, increasing activity tolerances, and lowering doses of pain medication. Spinal reconstructive surgery is being planned. Treatment recommendations include reducing opiates slowly to reduce tolerance to prepare for surgery, and Dexilant Extended Release 60 mg. She is temporarily totally disabled. Date of Utilization Review: 06/04/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant extended release 60mg quantity three: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Dexilant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1995 and continues to be treated for radiating back pain. She was trying to exercise and had lost weight. She had been able to significantly decrease her medication usage. Physical examination findings included a flexed posture with pain above the level of her fusion and over the sacroiliac joints. There was decreased lower extremity strength and sensation. Medications being prescribed included diclofenac and Dexilant was being prescribed for opioid induced nausea and symptoms of GERD due to decreased gastric motility. The claimant past medical history includes diabetes and thyroiditis. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. Dexilant is being prescribed reasons unrelated to the claimant's NSAID medication and was not medically necessary.