

Case Number:	CM15-0170022		
Date Assigned:	09/10/2015	Date of Injury:	12/17/1995
Decision Date:	10/08/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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:

This is a 62 year old female with a date of injury on 12-19-1995. A review of the medical records indicates that the injured worker is undergoing treatment for internal derangement of knee, bilateral shoulder joint pain, reflex sympathetic dystrophy right upper limb, lumbar post-laminectomy syndrome and cervical radiculitis. Medical records (3-4-2015 to 8-5-2015) indicate ongoing headaches rated eight out of ten. The headaches were associated with sensitivity to light and nausea. She also complained of low back pain rated nine out of ten and right knee pain rated eight out of ten. She complained of increased left shoulder pain and increased left knee pain. She reported decreased right shoulder pain. She reported that all of her activities of daily living remained the same. Per the treating physician (8/5/2015), the employee was retired. The physical exam (3-4-2015 to 8-5-2015) reveals tenderness to palpation over the right and left occipital regions and the right and left upper cervical facets. There was spasm of the right and left upper paravertebrals and right and left trapezius. Treatment has included surgery, acupuncture, discogram, epidural steroid injection, facet joint injection, massage therapy, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit and medication (Tylenol-Codeine No.3, Dexilant, Tylenol ES, Synthroid, Ramipril, Amlodipine Besylate, Nexium and Relpax). Per the progress report dated 8-5-2015, Aleve was discontinued. The request for authorization dated 8-5-2015 was for Tylenol with codeine and Dexilant. The original Utilization Review (UR) (8-17-2015) non-certified a request for Dexilant.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant has a remote history of a work injury in December 1995 and is being treated for chronic pain including a diagnoses of CRPS and post-laminectomy syndrome. When seen, she was having headaches, right knee pain, and increasing low back and left shoulder pain. Headaches were causing nausea. She was having difficulty sleeping. Her past medical history and review of systems were negative for gastrointestinal problems. Physical examination findings included a BMI of over 33. There was cervical spine tenderness with paraspinal muscle and trapezius muscle spasms. There was decreased and painful range of motion. There was positive right Spurling's testing. Medications included Aleve, Dexilant, and Nexium was also being prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any apparent 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 history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. Nexium is also being prescribed which is duplicative. Dexilant (dexlansoprazole) is not a first-line agent. Continued prescribing was not medically necessary.