

Case Number:	CM15-0172629		
Date Assigned:	09/14/2015	Date of Injury:	07/27/2012
Decision Date:	10/15/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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: North Carolina

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 55 year old female who sustained an industrial injury on 7-27-12. Diagnoses include right knee status post partial medial meniscectomy; partial anterior cruciate ligament tear; complex chronic pain syndrome; cervical spine myoligamentous injury; acute cervical disc disease; suboccipital neuralgia with cervical spasm dystonia. She currently (7-29-15) complains of dull, achy neck pain radiating into the posterior neck with occipital headaches and into the left upper extremity to her hand; constant left shoulder pain; constant low back pain that radiates into her right lower extremity with numbness and tingling; bilateral knee pain and swelling; (8-10-15) complains of intermittent, sharp pain on the inner aspect of the right knee. She ambulates with a cane. On physical exam of the cervical spine there was decreased range of motion, tenderness to palpation, positive bilateral cervical distraction test, maximal foraminal compression test, shoulder depression, Soto Hall; lumbar spine revealed tenderness to palpation, decreased range of motion, positive Milgram test bilaterally; knee exam revealed right knee decreased range of motion, tenderness to palpation bilaterally, positive Varus and Valgus test bilaterally. Diagnostics included on 11-2-12 MRI of the left shoulder indicating acromioclavicular joint arthropathy, possible superior labrum anterior on posterior tear, MRI of the lower back indicating central disc herniation with annular tear, MRI of the left knee indicating horizontal tear of the posterior horn of the medial meniscus, MRI of the right knee indicating tear of the mid medial meniscus, MRI of the cervical spine indicating spams; electromyography, nerve conduction study (12-26-12) indicating no evidence of carpal tunnel syndrome, reveals acute radiculopathy (L5) on the right. Treatments to date include knee wrap;

home exercise program; multiple physical therapy sessions with mild functional improvement (per 7-29-15 progress note); medications: multiple different classes of medications with minimal pain reduction, no increase in function and increasing dosage of opiates (7-29-15), current medications (7-14-15) were Topamax, Sumatriptan; Botox injections to the neck; cortisone injection to the left shoulder with benefit; cortisone injections to the knees, neck and elbows. The request for authorization dated 8-10-15 indicated Dexilant 60 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60 (every morning) QTY: 30 with refill unspecified: 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 California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a 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 gastro duodenal lesions. Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (over 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.