

<b>Case Number:</b>	CM15-0026771		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 33-year-old male, who sustained an industrial injury on 7/17/2012. The current diagnoses are back pain, status post L4-5 discectomy (2/26/2014), opioid dependence, severe psychological distress secondary to pain, and vocational interrupt. According to the progress report dated 12/3/2014, the injured worker complains of low back pain with radiation down the right leg. The pain is rated 7-9/10 with medications and 10/10 without. Current medications are Hydrocodone, Dexilant, and Cyclobenzaprine. Treatment to date has included medications, physical therapy, TENS unit, home exercise program, epidural steroid injections, facet injections, and surgery. The treating physician is requesting Dexilant 60 mg, which is now under review. On 2/2/2015, Utilization Review had non-certified a request for Dexilant 60 mg. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 mg PRN # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

**Decision rationale:** Guidelines recommend ongoing monitoring for patient on chronic opioids in terms of pain relief, side effects, physical and psychological functioning, and abusive behaviors. In this case, the patient is treated with hydrocodone on an as needed basis for chronic low back pain. However, there is no documentation of any functional improvement accomplished from this medication. Also, there is no outline or plan for the reduction and discontinuation of the medication. Without a plan for reduction and discontinuing hydrocodone and without more detailed and objective functional improvement, the request for Norco 10/325 mg #90 prn is not medically appropriate and necessary.

**Dexilant 60 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** Proton pump inhibitors are indicated in the treatment of NSAID caused dyspepsia and is recommended for patients over 65 yrs, history of peptic ulcer, concurrent aspirin or steroid use, and high dose NSAID use. Dexilant is a second line PPI which should only be used after trial of omeprazole or lansoprazole. In this case, there is no clinical documentation of past or current gastrointestinal symptoms or peptic ulcer disease. Thus, the request for Dexilant is not medically appropriate or necessary.