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| Case Number: | CM15-0063060 | | |
| Date Assigned: | 04/08/2015 | Date of Injury: | 03/23/2004 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 03/19/2015 |
| Priority: | Standard | Application Received: | 04/02/2015 |

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 58-year-old female, who sustained an industrial injury on 03/23/2004. She has reported subsequent neck, right shoulder and bilateral upper extremity pain and was diagnosed with recurrent musculoligamentous strain, multilevel cervical disc disease, tendonitis and impingement of the right shoulder and overuse syndrome of the bilateral upper extremities. Other diagnoses included gastroesophageal reflux disease, hypertension, Vitamin D3 deficiency and hyperparathyroidism. Treatment to date for GERD and vitamin D deficiency has included dietary changes, proton pump inhibitor medication and Vitamin D. In a progress note dated 03/11/2015, the injured worker reported that she was doing well. A request for authorization of Dexilant and Vitamin D was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: 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. The claimant had GI upset and GERD while on NSAIDs but no mention of GI bleeding. In addition, the claimant had discontinued NSAIDs. Weaning of Dexilant and monitoring symptoms or further investigation of GERD was not noted. Therefore, the continued use of Dexilant is not medically necessary.

Vitamin D Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complementary, alternative treatments or dietary supplements, etc.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and pg 141.

Decision rationale: According to the guidelines, Vitamin is recommend consideration in chronic pain patients and supplementation if necessary. Under study as an isolated pain treatment, and vitamin D deficiency is not considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. In this case, the claimant's vitamin d level was 51 in December 2014. The dose adjustment or amount was not specified based on the D being in the normal range. Continued use of Vitamin D with dosage and frequency of intake was no specified and therefore not medically necessary.