

Case Number:	CM15-0063927		
Date Assigned:	04/09/2015	Date of Injury:	03/14/2008
Decision Date:	05/14/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male who sustained an industrial injury on 03/14/2008. Diagnoses include chronic back and neck pain, status post hardware removal in July of 2014, failed back surgery syndrome and lumbar radiculopathy. Treatment to date has included cervical and lumbar surgery, diagnostic studies, medications, and physical therapy. A physician progress note dated 02/27/2015 documents the injured worker has aching, stabbing pain in the low back as well as stabbing pain in the front of his thigh. He rates his pain as a 4 on a 4-point scale, and he has upper back pain which he rates a 3 on a 4-point scale. He has mild-to-moderate discomfort. Straight leg raising is weakly positive bilaterally. There are exquisitely tender myofascial trigger points in the lumbar paraspinal muscle and periscapular muscles. Deep palpation caused a twitch response and radiation bilaterally. Treatment requested is for Dexilant 60mg #30.

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 Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents on 02/27/15 with lower back pain rated 4/4 on a 4-point scale, which radiates into the bilateral thighs, and upper back pain rated 3/4 on a 4-point scale. The patient's date of injury is 03/14/08. Patient is status post hardware removal at unspecified levels in July 2014, and unspecified cervical spine surgery in 2009. The request is for DEXILANT 60MG #30. The RFA is dated 03/06/15. Physical examination dated 02/27/15 reveals exquisitely tender myofascial trigger points in the lumbar paraspinal muscles and periscapular muscles bilaterally, deep palpation elicits twitch response and radiating pain to the lower extremities bilaterally. Provider also notes weakly positive straight leg raise test bilaterally, and reduced motor strength 4/5 in the bilateral lower extremities. The patient is currently prescribed Prilosec, Avinza, Vicodin, Carvedilol, Atorvastatin, Gabapentin, Norco, HibiLens, Colace, Percocet, and Keflex. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS guidelines page 69 recommends prophylactic use of PPIs when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID. FDA labeled indications for Dexilant: "for Healing of Erosive Esophagitis. Dexilant is indicated for healing of all grades of erosive esophagitis -EE- for up to eight weeks. Dexilant is also indicated to maintain healing of EE and relief of heartburn for up to six months. Dexilant is indicated for the treatment of heartburn associated with symptomatic non-erosive gastroesophageal reflux disease, GERD, for four weeks." In regard to what appears to be the initiating prescription of Dexilant, the requesting provider has not provided a reason for the request. Progress note dated 03/05/15, which is associated with the RFA for this medication is handwritten in cursive, poorly scanned, and entirely illegible. Prior progress notes, dated 02/27/15 and 02/19/15 and 01/29/15 do not include documentation of GI upset secondary to medications, any other GI complaints, or history of GERD or H. Pylori infection. Without a clearer rationale as to why this medication is necessary, or documentation of GI history or symptoms, medical necessity cannot be substantiated. The request IS NOT medically necessary.