

Case Number:	CM15-0068040		
Date Assigned:	04/15/2015	Date of Injury:	07/07/2008
Decision Date:	05/19/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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, 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:

This 31 year old female sustained an industrial injury on 7/7/08. She subsequently reported back and right lower extremity pain. Diagnoses include cervical disc syndrome, lumbar disc syndrome, lumbar spine herniated nucleus pulposus and right lower extremity radiculitis. Treatments to date have included x-rays, MRIs, therapy, injections and prescription pain medications. The injured worker currently experiences abdominal pain and diarrhea. A request for Dexilant and Ranitidine medications was made by the treating physician.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton-pump inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-73.

Decision rationale: The claimant sustained an injury in 2008 with subsequent back and right lower extremity pain. She currently complains of abdominal pain and diarrhea. The request is for Dexilant for her GI reflux disease. Dexilant is a proton pump inhibitor and is considered a second-line treatment for GI problems. Of note is that the medical records document that she was taking an NSAID (Motrin) as recently as November 21, 2014. NSAIDs are known to cause exacerbations of reflux esophagitis and all NSAIDs should be discontinued. In regards to the Dexilant, it appears that the claimant has been taking this medication for several months without improvement, and in fact worsening of her GI symptoms. As such, Dexilant is deemed not efficacious and not medically necessary.

Ranitidine #30: 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), Proton-pump inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68.

Decision rationale: This is a patient with GI reflux who has been on NSAIDs in the recent past. The request is for Ranitidine, a histamine H2 receptor antagonist. A Proton pump inhibitor is recommended for patients at intermediate and high risk of GI events. The MTUS outlines how to determine if the patient is at risk for GI events by including the following: 1) age greater than 65; 2) history of peptic ulcer, GI bleeding or perforation; 3) concurrent use of ASA, corticosteroids or anticoagulants; or 4) high dose/multiple NSAIDs. This patient does not meet any of these criteria. Her symptoms have in fact worsened on Dexilant and Ranitidine, therefore this therapy is not efficacious, not medically necessary, and should be discontinued. NSAIDs such as the Motrin the patient has taken in the past should also be discontinued, as it is well-known to cause worsening of GI symptoms.