MAXIMUS Federal Services

Case Number:	CM15-0079505		
Date Assigned:	04/30/2015	Date of Injury:	08/17/2004
Decision Date:	06/02/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old male, who sustained an industrial injury on August 17, 2004. He reported chest pain. The injured worker was diagnosed as having other cardiac device in situ, benign essential hypertension, overweight, pure hypercholesterolemia, reflux esophagitis and sleep disorders. Treatment to date has included diagnostic studies, right ear cholesteatoma surgery, coronary artery stent placement, medications and work restrictions. Currently, the injured worker complains of continued chest pain and hypertension at times. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on July 23, 2014, revealed continued pain as noted. It was noted he was still having difficulties with weight loss. Evaluation on March 2, 2015, revealed the ear was doing well, poor diet and continued hypertension. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix AODG Workers' Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on August 17, 2004. The medical records provided indicate the diagnosis of cardiac device in situ, benign essential hypertension, overweight, pure hypercholesterolemia, reflux esophagitis and sleep disorders. Treatment to date has included diagnostic studies, right ear cholesteatoma surgery, coronary artery stent placement, medications and work restrictions. The medical records provided for review do not indicate a medical necessity for Dexilant 60mg Qty 180. Dexlansoprazole (Dexilan) is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the medications of an individual with the risk of gastrointestinal event who is being treated with and NSAID. The MTUS Criteria for Gastrointestinal risk include:(1) age greater than > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low- dose Aspirin. However, the Official Disability Guidelines recommends Dexilant as a second line proton pup inhibitor, therefore must be used only if the first line agents are ineffective or due to intolerable side effects. It is therefore categorized as an "N" drug, which means it needs utilization review. The request is not medically necessary.