

<b>Case Number:</b>	CM15-0093609		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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, Pain Management

### 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 is a 58-year-old male with a March 31, 2009 date of injury. A progress note dated April 15, 2015 documents subjective findings (currently on Dexilant which helps), and current diagnoses (gastropathy secondary to anti-inflammatory medications; rule out rectal bleeding resolved). Objective findings relevant to the requested treatments were not documented in the reviewed medical record. Treatments to date have included medications. The treating physician documented a plan of care that included Dexilant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant cap 60mg dr #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, Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69. Decision based on Non-MTUS Citation ODG, Pain Chapter, PPI.

**Decision rationale:** Dexilant is a newer, long acting proton pump inhibitor. In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the case of this injured worker, there is documentation of GERD. The patient had previously been on omeprazole but was switched to Dexilant at some time without any clear documentation as to intolerance to omeprazole. The ODG does suggest omeprazole as first line since it results in significant cost savings. Given this, this request is not medically necessary.