

Case Number:	CM15-0096026		
Date Assigned:	05/26/2015	Date of Injury:	06/20/1996
Decision Date:	06/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 56 year old female who sustained an industrial injury on 06/20/1996. Current diagnosis includes post laminectomy syndrome, lumbar region, cervical spondylosis without myelopathy. Previous treatments included medication management. Report dated 04/10/2015 noted that the injured worker presented with complaints that included back pain and medication refill. It was noted that the injured worker wakes at night due to choking, and has seen a gastrointestinal specialist who prescribed Dexilant. It was further stated that she has gastritis, not reflux, an EGD was performed. It was further noted that the gastritis was industrial related. The treatment plan included refilling medications, request for left knee consult, CURES report reviewed, and a urine drug screen was collected. Disputed treatments include dexlansoprazole (Dexilant).

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexlansoprazole (Dexilant) 60mg oral CpDM #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dexlansoprazole (Dexilant) 60 mg oral CpMD #30 with one refill is not medically necessary. Dexilant is a second line proton pump inhibitor. Proton pump inhibitors indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are post laminectomy syndrome with right L5 radicular pain and radiculopathy; bilateral neck pain; bilateral hip pain status post bilateral hip replacements; and osteoarthritis. In a progress note dated December 19, 2014, Dexlansoprazole was started after the injured worker underwent an EGD (esophagogastrosocopy). Dexlansoprazole is a second line proton pump inhibitor. There is no indication or documentation of a first line proton pump inhibitor documented in the medical record. Consequently, absent compelling clinical documentation with evidence of a first-line proton pump inhibitor, Dexlansoprazole (Dexilant) 60 mg oral CpMD #30 with one refill is not medically necessary.