MAXIMUS Federal Services

Case Number:	CM15-0098328		
Date Assigned:	05/29/2015	Date of Injury:	06/17/2011
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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: Emergency 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 64-year-old male, who sustained an industrial injury on June 17, 2011. Treatment to date has included medications. Currently, the injured worker complains of unchanged acid reflux, chest tightness, blood pressure, unchanged shortness of breath and worsening sleep disorder. On physical examination, the injured worker's lungs are clear and he has a regular heart rate and rhythm. His abdomen was soft with normal bowel sounds. The diagnoses associated with the request include acid reflux, hypertension, chest pain, shortness of breath, and sleep disorder. The treatment plan includes laboratory evaluations, MRI of the cervical spine and lumbar spine, 2D echocardiogram, Dexilant and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 30mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Dexilant is a proton-pump inhibitor (PPI) which is used to treat gastritis/ peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Documentation provided is very poor with no details of complaint, no appropriate assessment and no medication list provided. Patient is reportedly on an NSAID but no NSAID was noted on medications. Patient has long-standing complaints of acid reflux and has been on Dexilant for several months with no documentation of any improvement. Patient is at high risk for GI bleeding but it is unclear if patient is on an NSAID and since patient is high risk bleeding and has chronic GERD, pt should not be on an NSAID. Due to poor documentation and lack of documented efficacy, Dexilant is not medically necessary.

Tramadol 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Tramadol is a Mu-agonist, an opioid-like medication. Patient has chronically been tramadol. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Documentation is poor. There is no documentation of any pain assessment or improvement in objective pain or function. There is documented screening for abuse or side effects. There is no noted urine drug screening or pain contract documented. The number of refills requested is inappropriate and does not allow for appropriate monitoring. Tramadol is not medically necessary.