

Case Number:	CM15-0098472		
Date Assigned:	05/29/2015	Date of Injury:	12/09/2011
Decision Date:	07/03/2015	UR Denial Date:	04/22/2015
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: Massachusetts

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:

The injured worker is a 47-year-old male who sustained an industrial injury on 12/09/10. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include ultrasound of the carotid arteries and an abdominal ultrasound. Current complaints include diarrhea, constipation, and hypertension. Current diagnoses include gastropathy, reflux disease, gastritis, irritable bowel syndrome, internal hemorrhoids, hiatal hernia, hypertension, blurred vision, hyperlipidemia, and sleep disorder. In a progress note dated 04/08/15 the treating provider reports the plan of care as a urine toxicology study, blood studies, cardiorespiratory test, EKG, abdominal ultrasound, and medications including hydrochlorothiazide, Lisinopril, atenolol, dexilant, gaviscon, Mira lax, lovaza, and Sentra PM. The requested treatments include dexilant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant #30 Sig: 60mg daily Refill: 2: Overturned

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, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in December 2010 and continues to be treated for abdominal pain, constipation, hypertension, and gastroesophageal reflux disease. He has a history of non-steroidal anti-inflammatory medication induced gastropathy. He does not appear to have any ongoing musculoskeletal problems. Medications being prescribed include Dexilant, Gaviscon, and MiraLax. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant has a history of NSAID induced gastropathy as his primary condition. Although he is not being prescribed a NSAID medication, his gastropathy appears to be an active medical condition. A proton pump inhibitor such as Dexilant is recommended in the treatment of NSAID induced gastropathy and therefore this request should be considered medically necessary.