

<b>Case Number:</b>	CM13-0048598		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/11/2000
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old female with a date of injury of 09/11/2000; the mechanism of injury was not provided within the medical records. The patient had diagnoses including thoracic spondylosis, chronic pain syndrome and myofasciitis. Past treatments included chiropractic care, a home exercise program, heat, ice, TENS unit, and medication management. Upon assessment on 12/20/2013 the patient had an antalgic gait, palpable thoracic and lumbosacral spasm, left greater than right, trace trigger points with twitch, and radiating pain. The patient had pain on the right side greater than the left upon rotation as well as point tenderness over the lumbosacral area and over the T9 region. The patient also had decreased lumbosacral range of motion. The patient's medication regimen included Celebrex, Vicodin, Lidoderm 5%, and lansoprazole. The provider submitted a request for lansoprazole on 09/23/2013 to be used as a "gastroprotective" in conjunction with Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE PRESCRIPTION OF LANSOPROZOLE DR 30MG #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITOR.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** The CA MTUS Guidelines state proton pump inhibitors are supported for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. The request for 1 prescription of lansoprazole DR 30 mg #30 is non-certified. Within the medical records, the provider indicated the had a well documented history of gastrointestinal pathology which required the ongoing use of COX-2 inhibitors in conjunction with gastroprotective Prevacid. Within the provided documentation, there was no documentation detailing the patient's gastrointestinal issues including symptoms. The requesting physician did not include adequate documentation of the efficacy of the medication. Additionally, the frequency at which the medication is to be given was not specified within the request. The documentation submitted for review failed to provide evidence that the patient is at risk for or has current gastrointestinal events as well as documented evidence of cardiovascular disease. As such, the request is non-certified.