

<b>Case Number:</b>	CM13-0052723		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/15/2008
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2013

### 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 Family Practice 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 reported an injury on 04/15/2008, secondary to heavy lifting. A prescription for lansoprazole 30 mg #30 was issued on 09/27/2013. However, there is no documentation of a physician progress report on the requesting date. The patient was seen by [REDACTED] on 05/14/2013. The patient reported ongoing cervical spine pain. Current medications included omeprazole, fenofibrate, Wellbutrin, alprazolam, estazolam, citalopram, Norco, and Soma. Physical examination revealed a well-healed surgical scar in the cervical spine, limited range of motion, tenderness to palpation, and 5/5 motor strength. The patient was diagnosed as status post cervical decompression and fusion in 2009, degenerative discogenic and joint disease of the cervical spine, thoracolumbar degenerative discogenic and joint disease, opiate dependence, dyslipidemia, history of ulcers, pulmonary fibrosis, and depression. Treatment recommendations included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR LANSOPRAZOLE 30MG #30 DOS: 9/27/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the documentation submitted, there is no evidence of this patient's current utilization of this medication. The latest physician progress report indicated that the patient is currently taking omeprazole. There is also no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The patient is not currently utilizing any NSAID medication. Therefore, the retrospective request for Lansoprazole 30mg #30 (DOS 9/27/2013) is not medically necessary and appropriate.