MAXIMUS Federal Services

Case Number:	CM13-0053848		
Date Assigned:	12/30/2013	Date of Injury:	05/30/1995
Decision Date:	05/09/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant is represented [redacted] employee who has filed a claim for major depressive disorder and generalized anxiety disorder reportedly associated with an industrial injury of May 30, 1995. Thus far, the applicant has been treated with the following: Psychotropic medications; attorney representation; anxiolytic medications; and extensive periods of time off of work. In a utilization review report of October 22, 2013, the claims administrator denied a request for lansoprazole, proton-pump inhibitor, based on lack of supporting information. In a November 26, 2013 appeal letter, the applicant's psychologist states that the claims administrator sent an appeal utilization review case to the original reviewer. On a July 18, 2013 progress note, the applicant is described as having a compensable psychiatric injury. The applicant apparently has issues with peptic ulcer disease, bleeding, hypertension, and sexual dysfunction, all of function of his underlying mental health issues. It was stated that applicant had an endoscopically-confirmed GI bleed in 2005 and has been treated with Prevacid through the present time. The applicant has not had re-bleeding and further states that his dyspepsia is under good control with Prevacid (lansoprazole).

IMR ISSUES, DECISIONS AND RATIONALES

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

LANSOPRAZOLE 30MG, QTY 30, REFILLS: Overturned

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.

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton-pump inhibitors such as lansoprazole (Prevacid) are indicated in the treatment of NSAID-induced dyspepsia. In this case, the attending provider has seemingly posited that the applicant has a longstanding history of NSAID-induced dyspepsia, seemingly treated to resolution with lansoprazole (Prevacid). Continuing the same, on balance, is indicated and appropriate. Therefore, the request is certified.