

Case Number:	CM13-0063362		
Date Assigned:	12/30/2013	Date of Injury:	04/28/1999
Decision Date:	03/21/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

According to the records made available for review, this is a 66-year-old female with a 4/28/99 date of injury. At the time of request for authorization for Lansoprazole DR 30mg #60, there is documentation of subjective (bilateral knee pain) and objective (tenderness, moderate swelling, and restricted range of motion in the right knee) findings, current diagnoses (myalgia/myositis, osteoarthritis, chronic pain, s/p bilateral knee surgery, and s/p carpal tunnel release, bilateral), and treatment to date (activity modification, acupuncture, and medications). There is no documentation of a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole DR 30mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Workers Compensation Drug Formulary,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S. (ODG) Official Disability Guidelines identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Proton Pump Inhibitors. Within the medical information available for review, there is documentation of diagnoses of myalgia/myositis, osteoarthritis, chronic pain, s/p bilateral knee surgery, and s/p carpal tunnel release, bilateral. In addition, there is documentation that the patient is age >65 years. However, there is no documentation of a history of peptic ulcer, Gastrointestinal (GI) bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Lansoprazole DR 30mg #60 is not medically necessary.