

Case Number:	CM13-0071966		
Date Assigned:	05/07/2014	Date of Injury:	05/10/2001
Decision Date:	07/09/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 43-year-old female patient with a 5/10/01 date of injury. 09/27/13 progress report indicated that the patient complained of low back pain that radiated to the bilateral lower extremities, left more than right. She described the pain as sharp, throbbing, pins and needles, burning, stinging. She rated the pain 2-9/10. Pain was aggravated with cold, standing, walking. Physical exam reported diffuse and mild tenderness in the cervical spine; lumbar spine exam demonstrated severe tenderness on the lower lumbar facet joint and sacroiliac joint, no indication of nausea, constipation or other GI problems. Treatment included Lidoderm patches, Senna, Hydrocodone-Acetaminophen, Cymbalta, Celebrex, Tramadol, Cyclobenzaprine HCL Lansoprazole 30mg. There is documentation of a previous 11/20/2013 adverse determination, based on the fact that available information was not sufficient to establish medical necessity for GI (Gastro Intestinal) protective medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LANSOPRAZOLE CAP 30MG DR #30, 0 REFILLS: 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 , (NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Lansoprazole).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD (Gastroesophageal Reflux Disease), erosive esophagitis, or patients utilizing chronic Non-Steroid Anti-Inflammatory Drugs (NSAIDs) therapy. The patient presented with the pain in the lower back radiating to the lower extremities. She was on chronic Non-Steroid Anti-Inflammatory Drugs (NSAIDs) therapy. However, as indicated in the 9/27/2013 progress report, there was no evidence of gastrointestinal complaints. Response to previous Lansoprazole therapy was not documented. Therefore, the request for Lansoprazole Cap 30mg DR #30, is not medically necessary.