

<b>Case Number:</b>	CM14-0003037		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/06/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 66-year-old male who was injured on October 6, 2010. The patient continued to experience back pain, and right leg pain. Physical examination was notable for decreased sensation along the dorsolateral right foot, positive right straight leg raise and normal motor strength bilaterally. Diagnoses included L5-S1 right disc herniation, L5-S1 disc stenosis, L5-S1 degenerative disc disease, lumbar stenosis at L4-5, and right greater than left lumbar radiculopathy. Treatment included epidural steroid injection, medications, acupuncture, and physical therapy. Request for authorization for lansoprazole 15 mg # 60 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LANSOPRAZOLE 15MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPI).

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

**Decision rationale:** Lansoprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but, other than age of 66, had no risk factors for a gastrointestinal event. The request should not be authorized. Therefore the request is not medically necessary.