

Case Number:	CM14-0136833		
Date Assigned:	09/03/2014	Date of Injury:	12/17/2010
Decision Date:	10/03/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 49 year old female was reportedly injured on 12/17/2010. The mechanism of injury is noted as a fall. The most recent progress note dated 7/7/2014, indicates that there are ongoing complaints of abdominal pain with new onset of bright red blood per rectum. Physical examination of the abdomen demonstrated soft, normoactive sounds, no tenderness regarding, epigastric pach 1+. No recent diagnostic imaging studies available for review. Diagnosis abdominal pains, constipation secondary to narcotics, obesity, sleep disorder and elevated blood pressure. Previous treatment includes Omeprazole, discontinuation of non-steroidal anti-inflammatory drugs NSAIDs and gastrointestinal (GI) consultation. A request was made for Lansoprazole 30 milligrams quantity sixty, which was not certified in the utilization review on 8/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole 30mg #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 - TWC - Proton Pump Inhibitors (PPI's)

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) treatment guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, documents worsening abdominal pain and new onset of bright red blood per rectum. The claimant is not currently taking any non-steroidal anti-inflammatories and takes Omeprazole; however, it is unclear why the clinician wants to switch the claimant's previous PPI to another PPI. This request is not supported by guideline criteria therefore it is not medically necessary.