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| <b>Case Number:</b>   | CM14-0159873 |                              |            |
| <b>Date Assigned:</b> | 10/03/2014   | <b>Date of Injury:</b>       | 04/23/1990 |
| <b>Decision Date:</b> | 11/03/2014   | <b>UR Denial Date:</b>       | 09/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2014 |

### 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 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:

This is an 81-year-old female with a 4/23/90 date of injury, when she sustained injuries to her neck and back. The patient underwent cervical fusion in 1991. The patient was seen on 8/19/14 with complaints of pain in the neck. Exam findings of the cervical spine revealed restricted range of motion, negative Spurling's test and normal motor and sensory examination. The patient denied heartburn, ulcers, nausea, vomiting and blood in stool. The note stated that the patient was utilizing Gabapentin. The diagnosis is lumbago, post-laminectomy syndrome, lumbar spinal stenosis, cervical disc displacement and brachial neuritis. Treatment to date: anterior epidural catheter and medications. An adverse determination was received on 9/19/14 for a lack of documented gastrointestinal distress symptoms and chronic NSAIDs use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lansoprazole Cap 15mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation FDA Proton Pump Inhibitors

**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, erosive esophagitis, or patients utilizing chronic NSAID therapy. lansoprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However there is a lack of documentation indicating that the patient was utilizing NSAIDs chronically. In addition, the progress report dated 8/19/14 stated that the patient denied heartburn, ulcers, nausea, vomiting and blood in stool. Lastly, there is no rationale with regards to the necessity of treatment with Lansoprazole for the patient. Therefore, the request for lansoprazole Cap 15mg #90 was not medically necessary.