

Case Number:	CM14-0021892		
Date Assigned:	05/09/2014	Date of Injury:	10/17/2007
Decision Date:	07/21/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/21/2014

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 Minnesota. 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 injured worker is a 53-year-old female who reported an injury on 10/17/2007. The mechanism of injury was not provided for clinical review. The diagnoses include osteoarthritis, knee pain, and medial meniscus tear. Previous treatments include surgery, epidural steroid injections, medication, and facet blocks. The medication regimen includes Claritin, Prevacid, ibuprofen, and tramadol. With the clinical note dated 12/05/2013, per report the injured worker complained of persistent mild knee swelling. Upon the physical examination of the right knee, the provider indicated mild swelling, tenderness to the medial joint line. The provider indicated the injured worker had full range of motion of the right knee. The provider requested for lansoprazole. However, a rationale was not provided for clinical review. The request for authorization was not submitted in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LANSOPRAZOLE 30MG #30 WITH 6 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for lansoprazole 30 mg #30 with 6 refills is non-certified. The injured worker complained of persistent mild knee swelling. The California MTUS Guidelines note proton pump inhibitors such as lansoprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. The documentation submitted did not indicate the injured worker had a history of peptic ulcer, gastrointestinal bleed, or perforation. It did not appear the injured worker is at risk for gastrointestinal events. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request submitted failed to provide the frequency of the medication. Therefore, the request for lansoprazole 30 mg #30 with 6 refills is non-certified.