

Case Number:	CM14-0057578		
Date Assigned:	07/09/2014	Date of Injury:	07/30/2004
Decision Date:	08/08/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 52 year old female presenting with neck and back pain following a work related injury on 07/30/2004. The patient was diagnosed with cervical pain, cervical radiculopathy, disc disorder cervical, lumbar facet syndrome, lumbar radiculopathy, spinal/lumbar degenerative disc disease. The patient has tried physical therapy. The patient is status post cervical anterior discectomy and fusion at C5-6 on 7/20/06, lumbar epidural, TENs unit, and medial branch blocks. The patient's medications included Lyrica, Lexapro, Phenergan, Lansoprazole, Flexeril, Lorazepam, Aleve, Hydrocodone, Etodolac, Soma, Lodine, Dilaudid and Zofran. A claim was made for Lansoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole 30mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID with PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Lansoprazole 30 mg BID is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page

67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen; therefore, the requested medication is not medically necessary.