

<b>Case Number:</b>	CM14-0073571		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/29/2006
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 injured worker is a 52-year-old female who was reportedly injured on December 29, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 17, 2014, indicated that there were ongoing complaints of low back pain radiating down the left lower extremity. The physical examination demonstrated a normal examination of the cervical spine. There was a positive Phalen's test of the right wrist. There was limited range of motion of the lumbar spine and a normal lower extremity neurological examination. Diagnostic imaging studies of the cervical spine revealed multilevel disc bulges and protrusions from C2 through C6. A magnetic resonance image of the lumbar spine indicated a prior fusion at L5-S1. There was a disc bulge at L3-L4 and facet hypertrophy at L3-L4 and L4-L5. Previous treatment included lumbar spine surgery, physical therapy, wrist braces and a home exercise program. A request was made for Prevacid and was not certified in the pre-authorization process on May 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prevacid 30 mg. by mouth cpDR 60 cap:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs)Gastrointestinal symptoms and cardiovascular risks Page(s): 68-69.

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

**Decision rationale:** Prevacid (Lansoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. According to the progress note dated April 17, 2014, the injured employee stated to have stomach pain and was requested to see the gastrointestinal physician. Considering this, the request for Prevacid is medically necessary.