

<b>Case Number:</b>	CM14-0209646		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 57-year-old female with 5/5/14 date of injury. The attending physician report dated 11/5/14 (71) describes persistent complaints of lower back pain that comes and goes. Pain increases with sudden movements. She is unable to wear short heels or sit for prolonged periods. She completed a round of physical therapy. Physical exam finds full shoulder range of motion, and slight restriction in lumbar range of motion. Tenderness is noted in the left paraspinals. MRI of the lumbar spine demonstrates 1-2 mm posterior bulge at L4/5, L5/S1, asymmetric to the left. The records indicate the patient is working full time with no restrictions. The current diagnoses are: 1. Left shoulder strain/sprain 2. Lumbosacral sprain/strain 3. Lumbago. The utilization review report dated 11/4/14 denied the request for Flurbiprofen / Lansoprazole 100mg/10mg #90 based upon lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen / Lansoprazole 100 Mg/10mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 67-69.

**Decision rationale:** The patient has persistent complaints of intermittent lower back pain. The current request is for Flurbiprofen / Lansoprazole 100mg/10mg #90. The MTUS guidelines on page 60 does recommend medications for chronic pain. However, the guidelines state that a record of pain and function with the medication should be provided. With respect to proton pump inhibitors such as Lansoprazole, the guidelines recommend determination of patients at risk for gastrointestinal events: (1) age >65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and / or high dose multiple NSAID. In this case, there is no clinical information provided by the treating physician to indicate that the patient is dealing with dyspepsia or has GI issues. There are no documents available which address risk factors for this patient. There are also no records which discuss how the patient's pain and function have been improved with NSAIDs. For this reason, the available medical records do not support medical necessity for the requested medication. As such, my recommendation is for denial.