

<b>Case Number:</b>	CM15-0003714		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	03/07/2000
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 55-year-old female, who sustained an industrial injury on March 7, 2000. She reported a continuous trauma claim from 8/14/97 - 3/7/2000 with injuries to her neck, low back, bilateral knees and left elbow. On January 13, 2001, he reported an injury to her internal cardiovascular, left hand, fingers and upper extremity as a result of a heart attack at work. On November 21, 2002, the injured worker reported an injury which included headache and anxiety attacks. The diagnoses have included obstructive sleep apnea, degenerative joint disease, fibromyalgia, hypertension, diabetes, and asthma. A physician's report dated September 18, 2014 revealed that the evaluating physician had found evidence of an industrial causation of the injured worker's hypertensive condition and her gastrointestinal tract impairment. The injured worker reported that her blood sugars have been elevated and she is allergic to the insulin used in her insulin pump. She reports that she has been prescribed CPAP for her sleep apnea. On December 30, 2014 Utilization Review non-certified a request for Lansoprazole 30 mg DR #180 noting that there was no justification of why the injured worker needed to use this particular proton pump inhibitor. The Official Disability Guidelines and the California Medical Treatment Utilization Schedule were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of Lansoprazole 30 mg DR #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lansoprazole 30 mg DR #180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.odg-twc.com](http://www.odg-twc.com)

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

**Decision rationale:** MTUS and ODG states, "Determine if the patient is 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 an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or(2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The patient does have a history of mild esophagitis but the medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in MTUS. As such, the request for Lansoprazole 30mg DR #180 for 90-day supply is not medically necessary.