

Case Number:	CM15-0107903		
Date Assigned:	06/12/2015	Date of Injury:	09/02/1997
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male who reported an industrial injury on 9/2/1997. His diagnoses, and/or impressions, are noted to include: lumbago. No current imaging studies are noted. His treatments have included medication management effective; and modified work duties. The progress notes of 5/6/2015 noted complaints of worsening, frequent, moderate-severe pain in his low back which radiated into the lower extremities, was aggravated by activities, and helped by his medications. Objective findings were noted to include tenderness with spasm to the lumbar para-vertebral muscles with positive seated nerve root test, and guarded and restricted range-of-motion; numbness/tingling in the posterior leg, in a lumbosacral dermatomal pattern; and asymmetric ankle reflexes. The physician's requests for treatments were noted to include the continuation of Lansoprazole extended release, for upset stomach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole 30 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Lansoprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Lansoprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Lansoprazole 30 mg #120 is not medically necessary or appropriate.