

Case Number:	CM15-0131490		
Date Assigned:	07/17/2015	Date of Injury:	07/30/2014
Decision Date:	08/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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, Pain Management

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 62 year old male who sustained an industrial injury on 7/30/14 when he was attacked, kicked and punched. He currently complains of increasing left shoulder pain that was constant and severe with a pain level of 8/10; frequent dull cervical spine pain with radiation to the upper extremities with numbness and tingling and associated migraine type headaches (6/10); frequent, throbbing low back pain with radiation into the lower extremities (5/10); dull, frequent bilateral knee pain with some instability (5/10). On physical exam the cervical spine revealed palpable paravertebral muscle tenderness with spasm, positive axial loading compression test, positive Spurling's maneuver, positive palmer compression test and limited painful range of motion; bilateral shoulders revealed tenderness around the anterior glenohumeral region and subacromial space with positive Hawkin's and impingement signs with weakness of the rotator function; the lumbar spine revealed palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion; bilateral knees revealed tenderness in the joint line, positive patellar grind test, anterior drawer tests, there was crepitus with full range of motion. Diagnoses include cervical/lumbar discopathy; clinical evidence of carpal tunnel/double crush syndrome; cervicgia; torn rotator cuff, right shoulder; torn long head biceps tendon, left shoulder. Treatments to date include physical therapy which was not helpful. Diagnostics include MRI of the left shoulder (4/8/15) revealing evidence of a mid-substance supraspinatus tendon tear with partial tear of the infraspinatus tendon and extrinsic impingement on the traversing underlying supraspinatus and superior labrum anterior on posterior tear. In the progress note dated 5/25/15 the treating provider's plan of care was recommending Prevacid 30 mg # 120 one every 12 hours as needed for stomach upset to protect the stomach and prevent any gastrointestinal complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole (Prevacid) delayed-release capsules 30mg QTY: 120 1 po 12h prn upset stomach: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug & adverse effects; NSAIDs (non-steroidal anti-inflammatory drugs)
Page(s): 67-68, 72.

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

Decision rationale: Regarding the request for lansoprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested lansoprazole is not medically necessary.