

Case Number:	CM15-0132274		
Date Assigned:	07/20/2015	Date of Injury:	03/31/2009
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

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 58 year old male who sustained an industrial /work injury on 3/31/09. He reported an initial complaint of pain to low back and left knee. The injured worker was diagnosed as having cervical discopathy, bilateral carpal tunnel syndrome, left shoulder impingement, bilateral hip bursitis versus lumbar radiculitis, internal derangement of bilateral knees, bilateral plantar fasciitis, and bilateral ankle internal derangement with surgery. Treatment to date includes medication, diagnostics, surgery (lumbar surgery on 10/4/10, hardware removal on 8/31/12), and physical therapy. Currently, the injured worker complained of constant pain in the cervical spine that is aggravated by repetitive motions with radiation into the upper extremities, associated headaches, and tension between the shoulder blades. Pain is rated at 8/10 and unchanged. There is pain in the low back rated 8/10, bilateral shoulders rated 4/10, bilateral knees rated 4/10, and bilateral feet and ankles rated 4/10. Per the primary physician's report (PR-2) on 6/1/15, exam noted palpable muscle tenderness with spasm in the cervical spine, positive Spurling's maneuver and axial loading compression test, numbness and tingling in the anterolateral shoulder and arm, lateral forearm and hand. The shoulders note weakness of rotator cuff function, positive impingement and Hawkin's sign, limited range of motion and weakness. The lumbar spine noted tenderness from mid to distal lumbar segments, positive seated nerve root test, pain with terminal motion. The knees note tenderness at the left knee joint line, positive McMurray's sign and positive patellar compression test, pain with flexion. Bilateral feet exam notes tenderness at the plantar aspect of the feet and anterolateral aspect of the ankles, tight cord,

pain with dorsiflexion of the foot. The requested treatments include Lansoprazole (Prevacid) 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole (Prevacid) 30mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p67-70.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2009 and continues to be treated for headaches, bilateral shoulder, knee, foot, and ankle pain, low back pain, and radiating neck pain. In December 2014 he had completed treatments for H. pylori and was no longer taking NSAID medication. He was discontinuing use of Dexilant. As needed use of Pepcid was recommended. When seen, the claimant's BMI was nearly 28. There was cervical and lumbar spine tenderness and pain with range of motion. Spurling's testing and seated straight leg raising were positive. There was bilateral shoulder tenderness with weakness and positive impingement testing. Authorization for medications including Relafen and Prevacid was requested. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain including chronic low back pain. The claimant has a history of gastritis and would be considered at intermediate risk for a GI event. Relafen was being prescribed. For a patient at intermediate risk, guideline recommendations include a nonselective non-steroidal anti-inflammatory medication with a proton pump inhibitor such as Prevacid (lansoprazole). It was medically necessary.