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| <b>Case Number:</b>   | CM15-0145361 |                              |            |
| <b>Date Assigned:</b> | 08/06/2015   | <b>Date of Injury:</b>       | 10/16/2012 |
| <b>Decision Date:</b> | 09/03/2015   | <b>UR Denial Date:</b>       | 07/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/27/2015 |

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 55 year old male who reported an industrial injury 10-16-2012. His diagnoses, and or impression, were noted to include: lumbago. No current electrodiagnostic or imaging studies were noted. His treatments were noted to include: diagnostic studies; and medication management. The progress notes of 7-10-2015 reported frequent pain in the low back that radiated into the lower extremities, and was aggravated by activity. Objective findings were noted to include: no distress; tenderness and spasms over the lumbar para-vertebral muscles; positive seated nerve root test; guarded and restricted lumbar range-of-motion; and tingling and numbness in the legs and feet in a lumbar dermatomal pattern. The physician's requests for treatments were noted to include refills of his medications, noted to include Lansoprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lansoprazole (Prevacid) 30mg #120:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Lansoprazole (Prevacid) 30 mg #120 is not medically necessary. Lansoprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnosis is lumbago. The date of injury is October 6, 2012. The request for authorization is July 13, 2015. Utilization review references a June 11, 2015 progress note. There is no progress note in the medical record dated June 11, 2015. The medical record contains 24 pages with progress notes dated January 15, 2015 and July 10, 2014. There is no contemporaneous progress note on or about the date of request for authorization July 13, 2015. According to the January 15, 2015 progress note, there is no proton pump inhibitor checked off or documented. There are no non-steroidal anti-inflammatory drugs documented. Subjectively, the injured worker complains of low back pain 7/10 that radiates the lower extremities. Objectively, there is tenderness to palpation. Consequently, absent clinical documentation with a clinical indication, rationale and discussion for a proton pump inhibitor, Lansoprazole (Prevacid) 30 mg #120 is not medically necessary.