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| Case Number: | CM15-0147053 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 03/31/2009 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 07/10/2015 |
| Priority: | Standard | Application Received: | 07/28/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 58-year-old who has filed a claim for chronic low back, shoulder, and wrist pain reportedly associated with an industrial injury of March 31, 2009. In a utilization review report dated July 9, 2015, the claims administrator failed to approve a request for lansoprazole (Prevacid). The claims administrator referenced a June 1, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 1, 2015, the applicant reported ongoing complaints of low back, shoulder, knee, foot, and ankle pain with derivative complaints of insomnia. Multiple medications were renewed under a separate cover, seemingly without any discussion of medication efficacy. The applicant had undergone earlier failed lumbar fusion surgery, it was reported. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with permanent limitations in place. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia. On April 24, 2015, the applicant again reported multifocal complaints of neck, shoulder, low back, hip, knee, foot, and ankle pain. Permanent work restrictions were renewed. Once again, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole DR every 12 hours as needed #120: Upheld

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

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

Decision rationale: No, the request for lansoprazole (Prevacid), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as lansoprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there is no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone on multiple progress notes, referenced above. Therefore, the request was not medically necessary.