

Case Number:	CM15-0190886		
Date Assigned:	10/05/2015	Date of Injury:	07/07/2002
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 60 year old female, who sustained an industrial injury on 7-7-2002. Medical records indicate the worker is undergoing treatment for lumbar post-laminectomy syndrome, lumbar disc displacement, lumbosacral spondylosis, knee derangement and knee osteoarthritis. A recent progress report dated 8-31-2015, reported the injured worker complained of low back pain radiating to the left buttock and down the left posterior leg and chronic pain in the bilateral knees-right greater than left. Physical examination revealed lumbar tenderness.

Records from 7-27-2015 reported the injured worker has symptoms of gastritis and the physician is trying to avoid the use of NSAID (non-steroidal anti-inflammatory drug) that could worsen her symptoms. Treatment to date has included transforaminal lumbar epidural steroid injection on 1-23-2015, lumbosacral epidural steroid injection on 6-5-2015, physical therapy, Tramadol and Lansoprazole. The physician is requesting Lansoprazole 30mg #30. On 9-18-2015, the Utilization Review noncertified the request for Lansoprazole 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole 30 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with low back pain radiating to the left buttock and the left lower extremity, and bilateral knee pain, right greater than left. The request is for LANSOPRAZOLE 30MG #30. Physical examination to the lumbar spine on 08/31/15 revealed tenderness to palpation to the spinous process at L5 and the transverse process on the right at L5. Range of motion was restricted with pain. Per 07/27/15 progress report, patient's diagnosis include history of lumbar fusion with instrumentation, left lower extremity radiculitis and sensory radiculopathy, right knee arthritis, meniscal tear, and status post 5 knee surgeries on the right. Patient's medications, per 04/06/15 progress report include Lansoprazole and Diazepam. Patient's work status is regular duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In progress report dated 07/27/15, the treater is prescribing Tramadol ER, trying to stay away from NSAIDs that could worsen patient's symptoms of gastritis. Review of the medical records provided indicate that the patient has been utilizing PPI medication (Prilosec and Lansoprazole) since at least 04/06/15. However, the treater has not documented the efficacy of this medication and functional improvement. Furthermore, even though the records indicate that the patient has been utilizing NSAIDs, the treater has not included GI assessment to substantiate such a medication. Without an appropriate GI assessment or evidence of dyspepsia secondary to NSAID utilization, this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.