

<b>Case Number:</b>	CM15-0192325		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Family Practice

### 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 45 year old male, who sustained an industrial injury on 10-12-2011. Medical records indicate the worker is undergoing treatment for lumbar and cervical radiculopathy, cervical facet syndrome and wrist and shoulder pain. A progress report dated 9-11-2015, reported the injured worker complained of neck pain, low backache, right shoulder pain and right wrist pain, rated 5 out of 10 with medications and 7 out of 10 without medications. He reported his medications are working well with no side effects. Physical examination revealed cervical and lumbar paravertebral spasm and tenderness to touch, right wrist tenderness and right shoulder showed no tenderness. Treatment to date has included Lyrica, Lidoderm patches, Naproxen and Omeprazole (since at least 3-27-2015). The physician is requesting for Lansoprazole 30mg #30. On 9-21-2015, 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 30mg #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) 2015.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (PPIs) including Lansoprazole. In general, PPIs are used in patients at risk for a serious gastrointestinal (GI) side effect; specifically, from the use of an NSAID. These guidelines state that clinicians should weight the indications for NSAIDs against the patient's risk factors. The risk factors for gastrointestinal events include the following: (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). In this case, the medical records indicate that the patient is at low risk for any of the above-cited GI risk factors. Given that the patient is low risk, the MTUS guidelines do not support the use of a PPI. Lansoprazole is not medically necessary.