

<b>Case Number:</b>	CM14-0159775		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/03/2008
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 49-year-old male with a 10/3/08 date of injury. According to the most recent progress report provided for review dated 3/18/14, the patient noted no change in her abdominal pain, depression/anxiety, difficulty sleeping, and weight gain. She reported chronic pain in the right shoulder, rated as an 8/10. Objective findings include lungs which are clear to auscultation, no rales or wheezes appreciated; extremities examination of tenderness; and range of motion deferred to the appropriate specialist. Diagnostic impression includes abdominal pain, obesity, and status-post shoulder surgery in 2011, orthopedic diagnosis, shortness of breath (rule out cardiac vs. pulmonary vs. anxiety). Treatment to date includes medication management, and activity modification. A UR decision dated 8/22/14 denied the requests for lansoprazole and ProAir HFA. Regarding lansoprazole, the injured worker had complaints of abdominal pain and epigastric tenderness on physical examination. However, this examination was performed approximately 9 months ago and there has been no additional information provided. Regarding Proair, there was no wheezing on exam. The examination was performed approximately 9 months ago and no additional information provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lansoprazole 30mg QTY 60, date of service 8/8/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Protonix

**Decision rationale:** CA MTUS and the Food and Drug Administration (FDA) support proton pump inhibitors in the treatment of patients with gastrointestinal (GI) disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drugs (NSAIDs) therapy. In the present case, the patient had a diagnosis of abdominal pain according to a progress report dated 3/18/14. However, there was no recent documentation provided to evaluate the patient's current condition or medication regimen to determine the medical necessity of this proton pump inhibitor. Therefore, this request was not medically necessary.

**Proair HFA 90mcg/INH QTY 8.5, date of service 8/8/14:** 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), Pulmonary Chapter, Albuterol

**Decision rationale:** CA MTUS does not address this issue. Official Disability Guidelines (ODG) recommends inhaled short-acting beta2-agonists as a first-line choice for asthma. In the present case, there is documentation of shortness of breath in a 3/18/14 progress note. However, there is no diagnosis of asthma or wheezing. In addition, there was no recent documentation provided to evaluate the patient's current condition to determine the medical necessity of this medication. Therefore, the request for Proair HFA 90mcg/INH QTY 8.5, date of service 8/8/14 was not medically necessary.