

<b>Case Number:</b>	CM15-0104804		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	08/31/1998
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 42-year-old male, who sustained an industrial injury on 8/31/98. The diagnoses have included lumbar disc disease and lumbar radiculopathy. Treatment to date has included medications, diagnostics, activity modifications, injections, physical therapy and other modalities. Currently, as per the physician progress note dated 4/23/15, the injured worker complains of frequent low back pain aggravated by activities with radiation into the bilateral lower extremities. The pain is noted to be improving and rated 6/10 on pain scale. The physical exam of the lumbar spine reveals palpable tenderness with spasm, positive seated nerve root test, standing flexion and extension are guarded and restricted, and there is tingling and numbness in the posterior leg and lateral foot. The injured worker was given an intramuscular injection of Toradol and Marcaine and it was tolerated well. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 12/17/13. The current medications included Nalfon, Lansoprazole, Ondansetron, Cyclobenzaprine, and Tramadol. There is no previous report of a urine drug screen noted in the records. The physician requested treatment included Lansoprazole 30mg quantity 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lansoprazole 30mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

**Decision rationale:** The claimant sustained a work injury in August 1998 and continues to be treated for radiating back pain. When seen, pain was rated at 6/10. Physical examination findings included decreased lumbar spine range of motion with tenderness and muscle spasms. Medications being prescribed include Nalfon. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a non-steroidal anti-inflammatory medication, Nalfon, at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. Therefore, the prescribing of a proton pump inhibitor such as lansoprazole was not medically necessary.