

<b>Case Number:</b>	CM15-0113047		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	04/23/1990
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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 46 year old male, who sustained an industrial injury on 04/23/1990. He has reported subsequent neck and back pain and was diagnosed with cervical facet arthropathy. Treatment to date has included medication and physical therapy. In a progress note dated 04/24/2015, the injured worker complained of neck and back pain as well as headaches that were rated as 9/10 with medication and 10/10 without medication. Objective findings were notable for tenderness of the cervical spine at C3-C7, tenderness to palpation of the trapezius muscles bilaterally, significantly decreased range of motion due to pain, tenderness of the thoracic paravertebral region bilaterally, tenderness to palpation of the bilateral paravertebral area at L4- S1 levels, decreased range of motion and positive bilateral straight leg raise at 60 degrees bilaterally. The injured worker was noted to be taking NSAID medications. There were no gastrointestinal issues documented. A request for authorization of Lansoprazole was submitted to protect the stomach and prevent any gastrointestinal complications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Lansoprazole 30mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of proton pump inhibitors (PPIs) such as Lansoprazole. Typically, PPIs are used to treat patients who are on an NSAID and at risk for a significant gastrointestinal event, such as a GI bleed or an ulcer. PPIs are recommended with precautions as indicated below: 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). Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardio protection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxen plus low-dose aspirin plus a PPI. In this case, there is no documentation to indicate that this patient is at risk for a gastrointestinal event as described above. The patient has none of the described risk factors. If patients deemed at low-risk, a PPI is not indicated. Based on summary, Lansoprazole is not considered as a medically necessary treatment.