

<b>Case Number:</b>	CM15-0120237		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Indiana, New  
 York Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 32 year old female who sustained an industrial injury on 06/27/2013. She reported losing jumping from a van and losing her balance. She caught herself before she fell but twisted her back and left knee. The injured worker was diagnosed as having lumbar discopathy/radiculopathy; status post left knee arthroscopy; rule out internal derangement left hip; and rule out internal derangement left ankle. Treatment to date has included medications and twelve sessions of physical therapy to the lower back and knees which she felt did not provide any significant benefit. A steroid injection to the left knee did not provide any significant relief. She had arthroscopic surgery in March or early April of 2014, and followed this surgery with physical therapy and medications. A MRI of the knee (06/19/2015) was unremarkable. Currently, the injured worker complains of constant pain in the low back aggravated by active movement and prolonged positioning. The pain is sharp and radiates to the lower extremities. It is unchanged and rated as a 7/10. She also complains of pain in the bilateral knees, left greater than right characterized as burning, and getting worse. The pain is aggravated by squatting, kneeling, walking multiple blocks, using stairs, and prolonged standing. There is swelling and buckling. The pain is rated an 8/10. On inspection there is tenderness in the joint line with crepitus and painful range of motion. There is no clinical evidence of instability and there is no apparent swelling. The lumbar spine has palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Standing and flexion and extension are guarded and restricted. There is no clinical evidence of stability on exam. Her medications include Relafen, Prevacid, Cyclobenzaprine, Tramadol, Lunesta, Tylenol#3, Sumatriptan, Cymbalta,

Norco, Levofloxacin, and Menthoderm Gel. The examination makes no mention of gastrointestinal difficulties. The treatment plan includes medication refills and pending authorization for referral to a pain management specialist for consideration of lumbar epidural injections, physical therapy and knee arthroscopy. Medication refills were ordered. A request for authorization is made for Lansoprazole (Prevacid) 30mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lansoprazole (Prevacid) 30mg: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

**Decision rationale:** Pursuant to the Official Disability Guidelines, Lansoprazole (Prevacid) 30mg is not medically necessary. Lansoprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are lumbago; and internal derangement knee status post left knee surgery. The date of injury is June 27, 2013. According to a December 15, 2014, the injured worker was prescribed Fenoprofen and Omeprazole DR. According to a medication couple letter dated May 20, 2015, the treating provider changed the non-steroidal anti-inflammatory Relafen 750 mg and the proton pump inhibitor Prevacid 30 mg. There was no clinical rationale on the preprinted prescription cover letter. According to a progress note dated May 22, 2015, there was no clinical rationale for the change from Omeprazole to Prevacid. There were no gastrointestinal complaints. There were no co-morbid problems indicating a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Consequently, absent comorbid conditions, past medical history or risk factors with gastrointestinal complaints and a clinical indication and rationale for a proton pump inhibitor, Lansoprazole (Prevacid) 30mg is not medically necessary.