

<b>Case Number:</b>	CM15-0121205		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Preventive Medicine, Occupational 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 is a 53 year old female, who sustained an industrial injury on 2/08/2012. Diagnoses include cervicalgia, brachial neuritis NOS and lumbago. Treatment to date has included conservative care including medications that have included Diclofenac, Fenoprofen, omeprazole, Cyclobenzaprine, Tramadol, Clonazepam, Nortriptyline and topical compound medications. Per the Primary Treating Physician's Progress Report dated 2/26/2015, the injured worker reported constant pain in the cervical spine with radiation into the upper extremities. She reported associated headaches that are migrainous in nature as well as tension between the shoulder blades. There was constant pain in the low back with radiation into the lower extremities. Physical examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasm and range of motion limited with pain. Lumbar spine examination revealed palpable paravertebral muscle tenderness with spasm and a positive seated nerve root test. The plan of care included medications and authorization was requested for Lansoprazole 30mg cap #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lansoprazole Cap 30mg DR #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 68. Decision based on Non-MTUS Citation Schutte-Rodin S; Broch L' Buysse D; Sateia M. Clinical Guideline for evaluation and management of chronic insomnia in adults J. Chin Sleep Med 2008' 4(5): 487-504.

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

**Decision rationale:** Lansoprazole is a proton pump inhibitor (PPI). The MTUS Guidelines recommend the use of a proton pump inhibitor such as lansoprazole in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker is at increased risk of gastrointestinal events, or that she has had previous gastrointestinal events while using NSAIDs. The request for lansoprazole Cap 30mg DR #120 is determined to not be medically necessary.