

Case Number:	CM15-0122260		
Date Assigned:	07/06/2015	Date of Injury:	04/23/1990
Decision Date:	09/01/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 52 year old female, who sustained an industrial injury on April 23, 1990. She reported continuous trauma injuries of the spine, upper extremities, and lower extremities. The injured worker was diagnosed as having lumbosacral neuritis not otherwise specified, lumbago, and cervicgia status post-surgery. Diagnostic studies to date have included: On January 8, 2015, an MRI of the cervical spine revealed a 1-2 millimeter circumferential disk bulge with mild bilateral facet disease and uncovertebral joint hypertrophy, worse on the left, resulting in mild left foraminal stenosis. At the cervical 4-cervical 5 level, there is a 2 millimeter circumferential disk bulge with mild bilateral facet disease, worse on the left. There is mild left foraminal stenosis. The right neural foramina and central canal are patent. At the cervical 5-cervical 6 level, there is a successful bony fusion. There is no canal or foraminal stenosis. At the cervical 6-cervical 7 level, there is a successful bony fusion with mild uncovertebral joint hypertrophy on the left. The right neural foramina and central canal are patent, and there is at most a mild left foraminal stenosis. On January 8, 2015, MRI of the lumbar spine revealed a 1-2 millimeter circumferential disk bulge and mild bilateral facet arthropathy at the lumbar 3-4 level without any significant canal or foraminal stenosis. At the lumbar 4-lumbar 5 level, there was a 2-3 millimeter circumferential disk bulge and linear thoracic 2 hyperintensity posteriorly, suggestive of an annular tear. This bulges into the inferior recess of the bilateral neural foramina, and there is also mild bilateral facet disease. The bilateral foramina and central canal are patent. At the lumbar 5-sacral 1 level, there is a 1-2 millimeter circumferential disk bulge with bilateral facet disease without any significant canal or foraminal stenosis. On January 8, 2015,

electromyography/nerve conduction velocity studies revealed severe right peroneal motor neuropathy, right lumbar radiculopathy, and probable right cervical 7-cervical 8 radiculopathy. Surgeries include a cervical 5-cervical 7 anterior cervical discectomy and fusion and removal of cervical hardware. Treatment to date has included an intramuscular steroid injection, lumbar epidural steroid injections, a home exercise program, ice/heat, work modifications, and medications including opioid analgesic, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: 2008. There were no noted comorbidities. Work status: modified work. On May 20, 2015, the injured worker complains of intermittent cervical pain, which is improving. Also, she complains of constant low back pain that radiates into the lower extremities, which is unchanged. Her pain is rated 8/10. The physical exam revealed tenderness to palpation and spasms of the cervical paravertebral muscles, negative axial loading compression test and Spurling's maneuver, limited cervical range of motion with pain, no instability, and normal sensation and strength. There was tenderness to palpation and spasms of the lumbar paravertebral muscles, a positive seated nerve root test, guarded and restricted lumbar standing flexion and extension, no instability, intact coordination and balance, and numbness and tingling in the lateral thigh, anterolateral leg and foot, a lumbar 5 dermatomal pattern. There was decreased strength in the extensor hallucis longus, a lumbar 4 innervated muscle. The treatment plan includes Prevacid (Lansoprazole delayed release) 30mg in conjunction with Nalfon to protect the stomach and prevent any gastrointestinal complications. Requested treatments include: Lansoprazole.

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 & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter: NSAIDs, GI symptoms & cardiovascular risk; Proton pump inhibitors (PPIs).

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, proton pump inhibitor medication is recommended when the injured worker is at intermediate or high risk for gastrointestinal events without cardiovascular disease and at high risk for gastrointestinal events with cardiovascular disease while being treated with non-steroidal anti-inflammatory drugs (NSAIDs). The ODG recommends Lansoprazole (Prevacid), which is a proton pump inhibitor, for patients at risk for gastrointestinal events while being treated with non-steroidal anti-inflammatory drugs. The treating provider prescribed Lansoprazole to protect the stomach and prevent any gastrointestinal complications in conjunction w. non-steroidal anti-inflammatory drug therapy. There is a lack of evidence that the injured worker is at intermediate or high risk for gastrointestinal events. The injured worker is less than 65 years old and has no history of peptic ulcer, GI bleeding or perforation. The injured worker is not being treated with high dose/multiple non-steroidal anti-inflammatory drugs or concurrent aspirin, corticosteroids, and/or an anticoagulant. Therefore, the Lansoprazole is not medically necessary.

