

<b>Case Number:</b>	CM15-0123009		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	09/10/1990
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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:

This 51 year old female sustained an industrial injury to the neck, shoulder, elbow, wrist and hand on 9/10/90. Previous treatment included right shoulder surgery, magnetic resonance imaging, electromyography, physical therapy, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 4/29/15, the injured worker complained of cervical spine with radiation into bilateral upper extremities associated with headaches and tension between the shoulder blades and right elbow and wrist pain associated with difficulty gripping and grasping. Physical exam was remarkable for right shoulder with decreased range of motion and strength, cervical spine with tenderness to palpation, spasms, limited and painful range of motion and intact sensation, right elbow with tenderness to palpation about the olecranon groove with positive Tinel's sign and full but painful range of motion, diminished sensation in the ulnar digits and right wrist with tenderness to palpation over the volar aspect of the wrist with positive palmar compression and Tinel's tests and full but painful range of motion. Current diagnoses included brachia neuritis, cubital tunnel syndrome and carpal tunnel syndrome. The injured worker received a vitamin B-12 complex injection during the office visit. The treatment plan included refilling medications (Relafen, Lansoprazole, Zofran, Cyclobenzaprine and Tramadol) and scheduling electromyography/nerve conduction velocity test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lansoprazole 30mg #120: 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.

**Decision rationale:** Pursuant to the Official Disability Guidelines, lansoprazole 30 mg #120 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 status post anterior discectomy and disc replacement at C4 - C5 and anterior cervical spine discectomy and fusion C5 - C7; bilateral carpal tunnel syndrome; right shoulder impingement and rotator cuff tendinitis; bilateral cubital tunnel syndrome. The date of injury is September 10, 1990 (25 years prior). The request for authorization is dated June 8, 2015. In a progress note dated June 3, 2015, the injured worker has ongoing neck wrist and elbow pain. There are no gastrointestinal symptoms documented in the record. In a progress note dated August 19, 2010, the treating provider prescribed Zantac. In a progress note dated October 3, 2011, the treating provider changed Zantac to omeprazole. There is no clinical rationale in the medical record for proton pump inhibitors. There is no clinical rationale for lansoprazole 30 mg. Consequently, absent clinical documentation with a clinical indication, rationale, comorbid conditions and risk factors for gastrointestinal events, lansoprazole 30 mg #120 is not medically necessary.