

Case Number:	CM15-0128015		
Date Assigned:	07/14/2015	Date of Injury:	09/13/2012
Decision Date:	08/14/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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(n) 41 year old male, who sustained an industrial injury on 9/13/12. He reported injury to his right ankle, right hip and low back. The injured worker was diagnosed as having lumbosacral radiculopathy, hip sprain and unilateral inguinal hernia. Treatment to date has included a right hip MRI, aqua therapy, Norco and Voltaren. As of the PR2 dated 5/26/15, the injured worker reports pain in the lower back, right hip and right groin area. Objective findings include decreased lumbar range of motion, decreased hip range of motion and numbness in the right lower extremity over the L4 dermatome. The treating physician noted that the injured worker has a history of gastroesophageal reflux disease. The treating physician requested Prevacid 30mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for lansoprazole (Prevacid), California MTUS states that proton pump inhibitors are appropriate for patients at risk for gastrointestinal events with NSAID use. Studies show long term use of this medication has serious side effects. In addition this medication is not indicated for long term use. Its use for the treatment of gastroesophageal is approved for 15mg once daily for up to 8 weeks. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use or a risk for gastrointestinal events with NSAID use. In addition, use of this medication for gastroesophageal disease is indicated only for up to 8 weeks and for 15mg not 30mg. In light of the above issues, the currently requested lansoprazole is not medically necessary.