

Case Number:	CM15-0095005		
Date Assigned:	05/21/2015	Date of Injury:	04/05/2004
Decision Date:	07/02/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old male sustained an industrial injury to the neck and left elbow on 4/5/04. Recent treatment included injections, epidural steroid injections and medications. In an orthopedic evaluation dated 2/18/15, the injured worker denied constipation, swallowing difficulties, heartburn, changes in appetite, nausea, and change in bowel habits or diarrhea. In a PR-2 dated 3/30/15, the injured worker complained of constant pain the cervical spine with radiation into the upper extremities associated with headaches and tension between the shoulder blades as well as bilateral elbow pain. The injured worker reported that his left elbow pain was improved since recent injection. The injured worker rated his pain 7-8/10 on the visual analog scale. Physical exam was remarkable for cervical spine with paraspinal musculature tenderness to palpation, positive axial loading compressing test and positive Spurling's maneuver and elbow with tenderness to palpation, positive Tinel's sign and full but painful range of motion. The injured worker received an injection into the right elbow during the office visit. Current diagnoses included medial epicondylitis and cervicgia. The treatment plan included medications refills (Nalfon, Lansoprazole, Zofran, Cyclobenzaprine and Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole DR 30mg #120: 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 and GI Symptoms Page(s): 68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication. Therefore, the request is not medically necessary.