

Case Number:	CM14-0144482		
Date Assigned:	09/12/2014	Date of Injury:	02/08/1998
Decision Date:	10/20/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 64-year-old woman with a date of injury on 2/8/98. The original injury occurred when the patient fell over a high chair. The medical reports indicate injuries to the neck, thoracic and lumbar spines, and right ankle. The disputed treatment is one of lansoprazole 30 mg once a day for 30 days with 2 refills made in a utilization review determination letter from 9/3/14. There is an 8/19/14 pain management report with subjective complaints relating to the neck, the entire back, the arms and the legs. There are complaints of muscle spasms in the back and legs. She has a right foot drop. She is also being treated for depression. She is using Norco. There is no mention of any gastrointestinal complaints or prior upper gastrointestinal illnesses such as ulcers, gastritis or GERD. The current medication list is extensive and includes the aforementioned Norco as well as multiple medications that appear to be for non-work-related illnesses. The only nonsteroidal anti-inflammatory mentioned was aspirin 325 mg once a day. The review of systems did not mention any gastrointestinal problems. Examination of the abdomen showed normal bowel sounds, no tenderness and no guarding. The diagnosis list included a diagnosis of dyspepsia and other specified disorders of functions of the stomach. There is no mention of any active symptoms of dyspepsia or any objective findings consistent with dyspepsia. There is no mention of prescription of any nonsteroidal anti-inflammatory medications to treat the work-related complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole 30. mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, G.I. symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-11450-9143/lansoprazole-oral/lansoprazole-delayed-release-oral/details>

Decision rationale: The MTUS Chronic Pain Guidelines address use of proton pump inhibitors such as lansoprazole in the context of prophylaxis against gastrointestinal side effects for patients using nonsteroidal anti-inflammatory medications. Since this patient is not being prescribed any nonsteroidal anti-inflammatory medications for treatment of her work-related injury, prophylaxis with this medication on that basis would not be indicated. There is no indication that the low dose aspirin she is taking is giving her any gastrointestinal symptoms and she has none of the risk factors noted by MTUS guidelines for being at risk for increased gastrointestinal side effects to NSAIDs. (The patient is less than 65. There is no history of peptic ulcer, GI bleeding or perforation. There is no concurrent use of ASA, corticosteroids, and/or an anticoagulant. There is no use of high dose/multiple NSAID.) Guidelines do not address use of this medication for treatment of upper gastrointestinal illnesses which per the website noted above are the primary conditions that this medication treats. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.