

Case Number:	CM13-0069770		
Date Assigned:	01/03/2014	Date of Injury:	01/31/2008
Decision Date:	11/12/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/23/2013

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: Hawaii, California, Iowa
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 01-31-2008. She has reported subsequent neck, low back and lower extremity pain and was diagnosed with post laminectomy syndrome of the lumbar region, myalgia and myositis, cervical disc degeneration, chronic pain syndrome, lumbosacral spondylosis and depressive disorder. Treatment to date has included multiple pain medications including muscle relaxants, opioids and anti-inflammatory drugs and pool therapy. In progress notes dated 08-09-2013 and 12-03-2013, the injured worker reported that pain was appreciably lessened by current treatment regimen. The injured worker noted that the medication regimen allowed her to achieve a higher degree of daily function and provided an appreciable degree of pain relief. The injured worker reported no unacceptable adverse effects from the use of medication but reported an overall compromised mood due to pain. The physician noted that the injured worker was going to have a lumbar fusion performed. The injured worker reported during the 08-09-2013 office visit that the primary care physician had advised that she cut down on non-steroidal anti-inflammatory drugs but the reason for this was not specified. Objective examination findings on 08-09-2013 and 12-03-2013 revealed a non-toxic appearing female in a significant amount of distress, mildly antalgic gait, tenderness to palpation in the region concordant with the injured worker's described area of pain, distal radiation of pain with deep palpation, decreased range of motion, reduced muscle strength in the plantar flexor muscles, inability to toe and heel walk, reproduction of radicular symptoms with straight leg raise of the affected side and dysesthetic sensation throughout the affected area. The injured worker was noted to be prescribed pain medication

including the non-steroidal anti-inflammatory drug Etodolac as needed for pain. There were no gastrointestinal examination findings documented. The physician noted that anti-inflammatory medication would be continued to address persistent inflammatory component of pain. The physician also noted that a stomach protective agent would be prescribed to reduce the possibility of developing gastritis or ulcers. Work status was documented as permanently disabled. A request for authorization of Lansoprazole 30 mg #30 with 3 refills was submitted. As per the 12-17-2013 utilization review, the request for Lansoprazole 30 mg #30 with 3 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole 30mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Medical records indicate that the patient is not >65 years older. There does not appear to be documented history of peptic ulcer, GI bleeding, or perforation with the provided records. There is no documented concurrent use of corticosteroids and/or anticoagulant. While the records do indicate that the patient is on an NSAID, there is no indication that it is high dose or concurrent with another NSAID (ie NSAID plus ASA). Guidelines additionally state, Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent). Review of the records indicate that the patient is at low risk for gastrointestinal events and does not meet the MTUS criteria for use of GI protective medication. As such, the request for Lansoprazole 30mg #30 with 3 refills is not medically necessary per MTUS guidelines.