

Case Number:	CM13-0038571		
Date Assigned:	02/26/2014	Date of Injury:	12/21/2010
Decision Date:	06/10/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/25/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 52 year old female with an injury date of 12/21/10. Based on the 08/28/13 progress report provided by [REDACTED], the patient has positive tenderness over the paracervical musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES,.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137, 139.

Decision rationale: According to the 08/28/13 progress report by [REDACTED] the patient had a cervical spine decompression, fusion and hybrid disc replacement surgery on 08/02/13. Her numbness is completely resolved in her upper extremities and her neck pain has subsided substantially. Her back pain has also improved substantially and the numbness down her lower extremities has resolved with just conservative management. The request is for functional capacity evaluation. ACOEM guidelines page 137 states that the examiner is responsible for determining whether the impairment results in functional limitations. FCEs are indicated if asked

by the administrator or the treating physician if information is felt to be crucial. ACOEM also states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, the patient is indicated for a functional capacity assessment with safety works to determine an accurate impairment rating, but there is lack of scientific evidence that FCE's can accomplish that. Recommendation is for denial.

DICLOFENAC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: The patient was first prescribed Diclofenac on 08/28/13. In reference to NSAIDs, MTUS guidelines page 22 supports NSAIDs for chronic low back pain. MTUS further requires, however, that when medications are used for chronic pain, pain and functional changes must be documented. In this case, despite a long-term use of Diclofenac, the treating physician does not mention medication's efficacy in any of the reports. Recommendation is for denial.

OMEPRAZOLE: 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, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The patient has been taking Omeprazole since 01/16/13. MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. The guidelines also state that PPIs are recommended for patients at risk for gastrointestinal events. The treating physician has not documented any gastrointestinal symptoms for this patient. Routine use of PPI for prophylaxis is not supported without GI assessment. Recommendation is for denial.

CYCLOBENZAPRINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), Page(s): 63-66.

Decision rationale: The report with the request was not provided and it is unknown if the patient has previously been taking Cyclobenzaprine. None of the progress reports provided indicates how cyclobenzaprine gave functional improvement and pain relief. According to the MTUS guidelines, Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks.

Based on the review of the reports, it is not known when and if the patient has previously taken cyclobenzaprine, and without the report with the request a clear rationale for cyclobenzaprine is not available. Therefore, it is not known if the patient has already been on this medication for over 2-3 weeks. There is also no evidence or documentation that it has done anything for the patient's pain or spasms. Recommendation is for denial.