

Case Number:	CM13-0050577		
Date Assigned:	04/25/2014	Date of Injury:	12/29/2003
Decision Date:	06/11/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/14/2013

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 and Rehabilitation 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 49 year-old patient sustained an injury on 12/29/03 while employed by [REDACTED]. Requests under consideration include ONE PRESCRIPTION OF OMEPRAZOLE 20 MG #80 and ONE FUNCTIONAL CAPACITY EVALUATION. Diagnoses include bilateral carpal tunnel syndrome and bilateral shoulder rotator cuff syndrome s/p bilateral shoulder arthroscopic surgeries (undated) and carpal tunnel release. Report of 9/24/13 from the provider noted the patient is treating for chronic neck, shoulder, wrist, and mid back pain with complaints of pain rated at 7-8/10. Exam showed restricted cervical range of motion with pain and 5-/5 in muscle groups of upper extremities. Medications list Vicodin, Omeprazole, and Relafen. Requests for Omeprazole and Functional Capacity Evaluation were non-certified on 10/14/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF OMEPRAZOLE 20 MG #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OMEPRAZOLE: NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK, Page(s): 68-69.

Decision rationale: MTUS Chronic Pain Treatment Guidelines suggest that the patient does not meet criteria for Omeprazole (Prilosec) which is namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Omeprazole medication is used for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. In this case the submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment for problems associated with erosive esophagitis from GERDS, or hypersecretion diseases. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. **THEFORE, ONE PRESCRIPTION OF OMEPRAZOLE 20 MG #80** is not medically necessary and appropriate.

ONE FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, FITNESS FOR DUTY CHAPTER, PROCEDURE SUMMARY, FUNCTIONAL CAPACITY EVALUATION (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE , 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, , 137-138.

Decision rationale: ACOEM Treatment Guidelines indicate in the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation (FCE) that there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. In this case, the patient is s/p shoulder surgery and CTR and continues to treat for ongoing significant symptoms with further plan for orthopedic referral; patient remains temporarily totally disabled without return to any form of modified work. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation. Therefore, One Functional Capacity Evaluation is not medically necessary and appropriate.