

Case Number:	CM13-0057685		
Date Assigned:	12/30/2013	Date of Injury:	07/27/2007
Decision Date:	03/31/2014	UR Denial Date:	11/10/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 50-year-old male who reported an injury on 07/27/2007. The mechanism of injury was noted to be the patient was about 10 feet high on a ladder when the ladder slipped and the patient fell with the ladder, and when he fell to the ground he lost consciousness. The patient's diagnosis is sprain to the rotator cuff. The earliest documentation of NSAIDs and PPIs was noted to be 09/27/2012. The patient had a right shoulder arthroscopy in 06/2012. The patient's pain was 8/10 in the bilateral knees and right shoulder, a 4/10 in the neck radiating to the bilateral upper extremities, and a constant low back pain of a 7/10 radiating into the bilateral lower extremities with associated numbness and tingling. The patient was noted to be taking Ibuprofen 800 mg for pain management, and Omeprazole 20 mg for prevention of gastritis. The patient was noted to have decreased range of motion in the right shoulder. It was indicated in the treatment plan that the patient would continue a home exercise program for the postoperative right shoulder and lumbar spine, which included core stabilization, medication refills, a Functional Capacity Evaluation to ensure the patient could safely meet the physical demands of their occupation, and a computerized range of motion and muscle testing analysis to monitor the patient's strength and motion progress.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section (NSAIDS) non-steroidal anti-inflammatory drugs Page(s): 69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate NSAIDs for short-term symptomatic relief of pain. There should be documentation of an objective decrease in the VAS score, and an objective increase in function. The clinical documentation submitted for review indicated the patient had been taking the medication per the earliest documented note on 09/27/2012. There was a lack of documentation of objective functional improvement and objective decrease in the VAS score. Given the above, the request for 1 prescription for Ibuprofen 800 mg #60 between 04/24/2013 and 01/07/2014 is not medically necessary.

for 1 prescription of Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section (NSAIDS) non-steroidal anti-inflammatory drugs Page(s): 69.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the patient had signs and symptoms of gastritis or dyspepsia. The physician indicated the medication was for the prevention of gastritis. The patient's injury was noted to be in 2011, and the patient had been taking the medication since 09/27/2012. There was a lack of documentation of the efficacy of the requested medication. Given the above, the request for 1 prescription of Prilosec 20 mg #30 is not medically necessary.

1 Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page(s) 137-8

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5) page(s) 89-92 as well as Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE

Decision rationale: ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed

exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The clinical documentation submitted for review failed to indicate the patient had an unsuccessful prior attempt to return to work. Given the above and the lack of documentation of exceptional factors, the request for 1 Functional Capacity Evaluation is not medically necessary.