

Case Number:	CM13-0063229		
Date Assigned:	12/30/2013	Date of Injury:	02/25/2006
Decision Date:	03/31/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 25, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; and prior cervical fusion surgery. In a Utilization Review Report of February 25, 2006, the claims administrator denied a functional capacity evaluation, approved Flexeril, approved Motrin, and partially certified Prilosec. Prilosec was apparently partially certified for trial purposes, per the claims administrator, which stated that the Prilosec was not necessarily indicated for long-term use purposes. The claims administrator did acknowledge that the applicant had issues with dyspepsia/reflux. A December 9, 2013 progress note is notable for comments that the applicant is doing reasonably well. The applicant does report fatigue and headache, on review of systems. Limited cervical range of motion and well-healed cervical incision line are noted. A 5/5 upper and lower extremity strengths are noted. It is stated that the applicant has had adequate physical therapy and does not need to attend work hardening or work conditioning. It is stated that the purpose of the FCE is to try and objectify the applicant's ability to perform day-to-day activities of daily living such as sitting, standing, walking, pushing, pulling, etc. It is stated that the applicant has not returned to work. It is acknowledged that the applicant is not intent on attending work hardening or work conditioning. An earlier note of September 26, 2012 is notable for comments that the applicant is already permanent and stationary. An earlier note of October 20, 2013 is notable for comments that the applicant has history of gastric irritation and has requested an antireflux medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, chapter 7, page 137.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, chapter 7, pages 137-138.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, work hardening or work conditioning can be employed as a precursor to enrolment in a work hardening or work conditioning program. In this case, however, the applicant is apparently not intent on attending a work hardening or work conditioning program, per the attending provider. The applicant does not have a job to return to. The applicant has not returned to work. The applicant has no intention of returning to work, the attending provider has seemingly suggested. It is further noted that the Chapter 7 ACOEM Guidelines on FCE Testing state that FCE testing is not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace and workforce. In this case, given the fact that the applicant has no intention of enrolling in work hardening or work conditioning and is not intent on returning to the work force, the request is not certified, on Independent Medical Review.

120 PRILOSEC 20 MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole or Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, however, the applicant is apparently experiencing stand-alone symptoms of dyspepsia. She has a history of acid reflux. Ongoing usage of Prilosec, a proton pump inhibitor is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.