

<b>Case Number:</b>	CM15-0181276		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/16/2013
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: California  
 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 32 year old male, who sustained an industrial injury on 03-16-2013. The injured worker is currently able to return to work with modifications. Medical records indicated that the injured worker is undergoing treatment for S1 lumbosacral radiculopathy. Treatment and diagnostics to date has included TENS (Transcutaneous Electrical Nerve Stimulation) Unit and medications. Current medications include Ibuprofen, Gabapentin, and Pantoprazole. In a progress note dated 08-19-2015, the injured worker reported low back pain rated 3-5 out of 10. Objective findings included tenderness and spasms of L5-S1 paraspinal muscles and 4 out of 5 weakness of bilateral 1st toe extension. The request for authorization dated 08-25-2015 requested Ibuprofen 800mg for pain #90 take 1 tablet by mouth 3 times a day, increase Pantoprazole 20mg due to ongoing reflux #60 take 1 tablet 2 times a day, and functional capacity evaluation to assess return to work capacity. The Utilization Review with a decision date of 09-08-2015 denied the request for functional capacity evaluation and Ibuprofen 800mg #90. Medications are office dispensed. AME evaluator documents a lack of benefits from medications.

### 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 ACOEM Chapter 7 Independent Medical Examinations & Consultations page 132-139, Official Disability guidelines, Fitness for Duty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Fitness for Duty, Functional Capacity Evaluations and Other Medical Treatment Guidelines ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations pages(s) 137, 138.

**Decision rationale:** MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances, the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.

**Ibuprofen 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** MTUS Guidelines do not support the long term daily use of NSAID medications for chronic low back pain. If they are beneficial, short term use for flare-ups is Guideline supported, but that is not how they are being recommended for dispensed. There are no unusual circumstances to justify an exception to Guidelines as the AME evaluator documents little benefits from the medications and questions continued use in light of side effects. The Ibuprofen 800mg #90 is not supported by Guidelines and is not medically necessary.