

<b>Case Number:</b>	CM15-0194430		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/28/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 53 year old male, who sustained an industrial injury on 1-28-2015. Multiple work related injuries were documented. The injured worker was diagnosed as having carpal tunnel syndrome, tendinitis-bursitis of the hands-wrists, and inguinal hernia. Treatment to date has included diagnostics and medications. Currently (6-29-2015, 7-27-2015, and 8-31-2015), the injured worker complains of constant "moderate to severe pain" in his hands and wrists, described as sharp, aggravated by using the arms, lifting, grasping, and gripping. He also reported "moderate to severe pain" in his bilateral testicles with radiation to the abdomen, described as throbbing, aggravated by sexual relations and prolonged walking. Exam of the chest and abdomen revealed "a small hernia was palpable midline above his waistline". Exam of the wrists-hands showed +3 spasm and tenderness to the bilateral anterior wrists, positive Tinel's bilaterally, Bracelet test positive bilaterally, and Phalen's test positive bilaterally. Left wrist Jamar Dynamometer readings were 5-5-5 and right was 5-0-5. He had an upcoming appointment with urology and was attending acupuncture "on his other case", noting that no additional therapy was currently being requested. Current medication regimen was not documented. He was prescribed topical compound medications for inflammation and muscular pain, Omeprazole, and a Functional Improvement Measure through a Functional Capacity Evaluation. His work status was modified, total temporary disability if unable to accommodate. No attempts to return to work were noted. The treatment plan included Omeprazole 20mg #60 with 1 refill and 1 Functional Capacity Evaluation, non-certified by Utilization Review on 9-09-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Omeprazole 20mg #60 with one refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The patient presents on 08/31/15 with bilateral wrist pain, and testicle pain which radiates into the abdomen. The patient's date of injury is 01/28/15. The request is for OMEPRAZOLE 20MG #60 WITH ONE REFILL. The RFA is dated 08/31/15. Physical examination dated 08/31/15 reveals a small palpable hernia above the waistline, tenderness to palpation of the bilateral wrists with positive Tinel's, Phalen's and Bracelet tests noted bilaterally. The patient is currently prescribed Omeprazole and a topical compounded cream. Patient is currently advised to return to work with modified duties. MTUS Guidelines, NSAIDs, GI symptoms & cardiovascular risk Section, page 69, under Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc. In regard to Omeprazole for this patient's GI upset, the treater has not provided a reason for the request. It is not clear how long this patient has been prescribed Omeprazole or to what effect. In the progress note associated with this request, dated 08/31/15, the provider does not include a GI assessment or subjective complaints of GI upset. Without an appropriate GI assessment, rationale as to why this patient requires this medication, or discussion of efficacy, the continuation of Omeprazole cannot be substantiated. The request IS NOT medically necessary.

### **Functional capacity evaluation #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty: Functional capacity evaluation (FCE).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty chapter, under Functional capacity evaluation and Other Medical Treatment Guidelines MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 7 page 137.

**Decision rationale:** The patient presents on 08/31/15 with bilateral wrist pain, and testicle pain which radiates into the abdomen. The patient's date of injury is 01/28/15. The request is for FUNCTIONAL CAPACITY EVALUATION #1. The RFA is dated 08/31/15. Physical examination dated 08/31/15 reveals a small palpable hernia above the waistline, tenderness to

palpation of the bilateral wrists with positive Tinel's, Phalen's and Bracelet tests noted bilaterally. The patient is currently prescribed Omeprazole and a topical compounded cream. Patient is currently advised to return to work with modified duties. MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations." The employer or claim administrator may request functional ability evaluations. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace. ODG Fitness For Duty chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." In regard to the request for a functional capacity evaluation, this patient does not meet guideline criteria for such an evaluation. ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessment of the patient's limitations are as good as what can be obtained via a formal FCE, and there is no indication that this assessment is requested by this patient's employer. Therefore, the request IS NOT medically necessary.