

Case Number:	CM15-0031759		
Date Assigned:	02/25/2015	Date of Injury:	04/26/2011
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 42 year old male, who sustained an industrial injury on April 26, 2011. He has reported pain of the low back, mid back, and neck. His diagnoses include chronic thoracolumbar spins strain, chronic lumbar radicular syndrome, and chronic lumbar disc protrusion. He has been treated with MRI, x-rays, bracing, work modifications, physical therapy, chiropractic therapy, and medications including oral and topical analgesics, muscle relaxant, and non-steroidal anti-inflammatory. The medical records do not provide specific dates or results physical therapy and chiropractic therapy. On December 15, 2014, the panel qualified medical evaluator reports he reached permanent maximum medical improvement at the end of 2013 and is permanent and stationary. On January 5, 2015, his treating physician reports the lack of improvement and inability to increase his activity level with continued self-treatment. He has flare-ups of the lower back with attempts to increase his activity level. The physical exam revealed a non-antalgic gait, ability to heel and toe walk, tenderness to palpation of the thoracic paravertebral muscles with mildly limited range of motion, and tenderness to palpation of the lumbar paravertebral muscles with moderately limited range of motion. There was increased pain with lumbar flexion and extension, negative straight leg raise and rectus femoris stretch sign. The pelvis and bilateral hip exams were unremarkable. The treatment plan includes proton pump inhibitor medication and a functional capacity evaluation. On February 19, 2015, the injured worker submitted an application for IMR for review a prescription for Protonix 20mg #30 and a request for a functional capacity evaluation. The Protonix was non-certified based on lack of documentation off a failed trial of a "Y" drug in this class and the lack of evidence of non-

steroidal anti-inflammatory drug (NSAID) use or specific documentation of gastrointestinal complaints. The functional capacity evaluation was non-certified based on lack of documentation of the claimant has attempted adequate course of conservative treatment and has reached a plateau. In addition, there was a lack of documentation of the claimant reaching a point of maximum medical improvement and is considered permanent and stationary; a detailed job description abdomen the specific functional activities the claimant has to perform in the work setting; and an agreed medical evaluator (AME) recommendation for a functional capacity evaluation. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and ACOEM (American College of Occupational and Environmental Medicine) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg, thirty count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin of corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are chronic thoracolumbar spine strain; chronic lumbar radicular syndrome; and chronic lumbar disc protrusion at L5 - S1. Documentation from a June 30, 2014 progress note states the injured worker was taking Anaprox and Protonix. There are no comorbid conditions or past medical history indicating the injured worker is at risk for gastrointestinal events such as peptic ulcer disease, G.I. bleeding, concurrent aspirin use, etc. There are no risk factors documented in the medical record indicating a proton pump inhibitor is indicated. A progress note dated January 5, 2015 indicates the injured worker is taking Orudis (a non-steroidal anti-inflammatory drug), Tylenol with codeine #3 and Protonix 40 mg. There are no risk factors enumerated in the updated progress note. Consequently, absent clinical documentation with risk factors for gastrointestinal events, Protonix 20 mg #30 is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 page 137.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. In this case, the injured worker's working diagnoses are chronic thoracolumbar spine strain; chronic lumbar radicular syndrome; and chronic lumbar disc protrusion at L5 - S1. Subjectively, the documentation states the patient has continued with self-treatment without improvement and has not been able to increase activity level as of yet. He has flare-ups in his lower back when he attempts to increase the activity level. Objectively, there is tenderness palpation over the upper, mid-and lower paraspinal muscle groups. The documentation states there is no plateau with conservative treatment. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. There are no job duties outlined in the medical record regarding the injured worker's attempt at returning to work. Additionally, the injured worker has not reached maximal medical improvement according to the treating physician. Consequently, absent clinical documentation with a detailed job description and job duties outlined, a functional capacity evaluation is not medically necessary.