

<b>Case Number:</b>	CM15-0033346		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	12/26/2011
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 52-year-old female, who sustained an industrial injury on December 26, 2011. She has reported a neck injury. The diagnoses have included status post cervical spine decompression and fusion, and depression. Treatment to date has included neck surgery, medications, physical therapy, and cervical bracing. Currently, the IW complains of continued neck pain. She reports intermittent pain, which is rated 5-6/10. Physical findings are noted as diminished sensation of the hands, decreased range of motion, positive Tinel's, positive Phalen's, and positive bilateral median nerve compression testing. She continued to be on modified duty work status. On February 17, 2015, Utilization Review non-certified functional capacity evaluations #1, and modified certification of Omeprazole 20mg #30. The MTUS guidelines were cited. On February 20, 2015, the injured worker submitted an application for IMR for review of Omeprazole 20mg #60, and functional capacity evaluations #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg Qty:60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 02/03/2015 report, this patient presents with a 5-6/10 intermittent neck pain with numbness and tingling down the upper extremity. The current request is for Omeprazole 20mg Qty: 60.00 "to reduce NSAID gastritis prophylaxis." This medication was first mentioned in the 09/30/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 02/09/2015. The patient's work status as of 02/03/2015 to 03/05/2015 is no repetitive motion of the neck, and no lifting greater than 10 pounds, works 3 days per week 8 hours per day. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: 1. age > 65 years; 2. history of peptic ulcer, GI bleeding or perforation; 3. concurrent use of ASA, corticosteroids, and/or an anticoagulant; or 4. high dose/multiple NSAID -e.g., NSAID + low-dose ASA." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is currently on Diclofenac and has no gastrointestinal side effects with medication use. The treating physician does not provide discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The patient is not over 65 years old; no other risk factors are present and there is no documentation of functional benefit from this medication or pain relief as required by the MTUS guidelines on page 60. Therefore, the request IS NOT medically necessary.

**Functional capacity evaluations Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 137-138, Chronic Pain Treatment Guidelines Functional capacity evaluations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

**Decision rationale:** According to the 02/03/2015 report, this patient presents with a 5-6/10 intermittent neck pain with numbness and tingling down the upper extremity. The current request is for Functional capacity evaluations Qty: 1.00 "to determine an accurate impairment rating with [REDACTED]." The patient's work status as of 02/03/2015 to 03/05/2015 is no repetitive motion of the neck, and no lifting greater than 10 pounds, works 3 days per week 8 hours per day. Regarding Functional/Capacity Evaluation, ACOEM Guidelines 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. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does

not explain why FCE is crucial, and it is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. The request IS NOT medically necessary.