

<b>Case Number:</b>	CM15-0040673		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	06/21/2009
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 male, who sustained an industrial injury on 6/21/2009. He has reported acute pain in the left elbow and wrist. The diagnoses have included joint pain in the hand. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, upper extremity brace, acupuncture, and home exercises. Currently, the IW complains of left elbow and wrist pain rated 5/10 described as burning. The physical examination from 1/29/15 documented left wrist and elbow with tenderness, stiffness, and weakness. The plan of care included continuation of medications as previously prescribed, home exercise, a request for a functional capacity evaluation to be able to return to work at full capacity.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, functional capacity evaluation.

**Decision rationale:** The official disabilities guidelines indicate that the criteria for a functional capacity evaluation include unsuccessful return to work attempts or if the injured employee is at or near maximum medical improvement. The attached medical record indicates that employment was that have a housekeeper and that no assistance as required for the injured employee to perform housekeeping duties or yard work. Considering the abilities to perform these tasks, it is unclear why there is request for a functional capacity evaluation for a job as a housekeeper. Additionally, it is not stated that there has been a unsuccessful return to work attempts and a progress note dated January 19, 2015 indicates that the injured employee has already returned to full duty. For these reasons, this request for a functional capacity evaluation is not medically necessary.

**Ibuprofen 600mg with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids  
Page(s): 22, 67 - 70.

**Decision rationale:** I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs. Motrin is indicated for the injured workers musculoskeletal pain in the medical record does state that the usage of ibuprofen is beneficial. Gerd symptoms with this medication were stated to be controlled with omeprazole. The request for Motrin is medically necessary.

**Omeprazole 20mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors.

**Decision rationale:** I respectfully disagree with the UR physician Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. The medical record indicates that the injured employee has G.I. upset with usage of ibuprofen and this is successfully treated with usage of omeprazole. Considering this, this request for omeprazole is medically necessary.