

<b>Case Number:</b>	CM15-0051318		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 40 year old female, who sustained an industrial injury on 4/4/13. She has reported right shoulder, elbow, hand and fingers working as a pharmacy technician. The diagnoses have included right wrist tenosynovitis, right thumb carpometacarpal joint sprain and right medial and lateral epicondylitis. Treatment to date has included medications, diagnostics, surgery, acupuncture, splinting, activity modifications, and Home Exercise Program (HEP). Surgery has include status post right carpal tunnel release, status post right De Quervain's release. Currently, as per the physician progress note dated 11/3/14, the injured worker complains of right hand weakness, numbness and right wrist stiffness. The numbness has decreased since the surgery. Physical exam of the right hand revealed surgical scars right wrist and hand numbness to the entire right hand radial nerve, and ulnar nerve and median nerve. There was decreased grip strength and tenderness in the medial and lateral epicondyle of the right elbow. The current medications were not noted. The treatment plan was to continue physical therapy for the right hand and wrist, Home Exercise Program (HEP) and follow up. The physician requested treatments included Functional Capacity Evaluation, Relafen, and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22, 80-83.

**Decision rationale:** The MTUS Guidelines support the use of a functional capacity evaluation (FCE) if it is necessary to translate a medical problem into functional limits and/or to determine a worker's capacity to perform work duties. This more precise and detailed assessment is not needed in every case. The submitted and reviewed documentation indicated the worker was experiencing right arm burning discomfort, right wrist pain and weakness, and right elbow pain. The submitted records described circumstances that supported this request, such as several failed attempts to return the worker to work and inconsistent medical assessments. In light of this supportive evidence, the current request for a functional capacity evaluation is medically necessary.

**Relafen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Relafen (nabumetone) is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing right arm burning discomfort, right wrist pain and weakness, and right elbow pain. There was no documentation describing how often this medication was needed, how long the benefit lasted, the worker's gastrointestinal and heart risks, or results of laboratory monitoring tests. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request was made for an indefinite amount of medication at an unspecified dose, which does not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of Relafen (nabumetone) at an unspecified dose is not medically necessary.

**Prilosec:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and cardio vascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** Prilosec (omeprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing right arm burning discomfort, right wrist pain and weakness, and right elbow pain. There was no suggestion the worker had any of the above conditions. There also was no discussion describing special circumstances that sufficiently supported this request. Further, the request was made for an indefinite amount of medication at an unspecified dose, which does not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of Prilosec (omeprazole) at an unspecified dose is not medically necessary.