MAXIMUS Federal Services

Case Number:	CM15-0084951		
Date Assigned:	05/08/2015	Date of Injury:	04/17/2014
Decision Date:	06/08/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/04/2015

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: Emergency 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 was a 31 year old male, who sustained an industrial injury, September 1, 2013. The injured worker previously received the following treatments Omeprazole, Diclofenac, Misoprostol and functional capacity evaluation. The injured worker was diagnosed with chronic low back pain, herniated disc lumbar spine, radiculitis lower extremities, left shoulder impingement syndrome, cervical strain, rule out disc herniation of the cervical spine and radiculitis of the upper and lower extremities. According to progress note of March 10, 2015, the injured workers chief complaint was no improvement of neck and back pain. The cervical was positive for tenderness over the paracervical musculature with decreased range of motion. The injured worker rated the pain at moderate to severe. The pain was aggravated by bending, stooping, lifting and carrying. The injured worker received relief from rest and with current medication. The physical exam noted normal gait. There was negative tenderness in the paralumbar musculature. There was negative tenderness in the parathoracic musculature, posterior superior iliac spine region and in the S1 joints. There were no spams noted in the parathoracic musculature. The motor testing was 5 out of 5 in all muscle groups of the lower extremity. The injured worker was taking Omeprazole for gastric prophylaxis from the use of NSAIDS. The treatment plan included a prescription for Omeprazole. A letter of appeal related to omeprazole and FCE dated 4/27/2015 was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on Diclofenac but there is no dyspepsia complaints. Patient is not high risk for GI bleeding. The letter of appeal does not provide any justification to reverse guideline recommendations. Prilosec/Omeprazole is not medically necessary.

Functional Capacity Assessment: 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), Functional Capacity Evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81.

Decision rationale: As per ACOEM guidelines, determining limitations of work "is not really a medical issue" and that most assessing physicians should be able to determine limitations without additional complex testing modalities. As per ACOEM Chapter 1 Prevention, pg 12; "there is no good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries." While there may be occasional need for FCE, the treating physician has not documented why any work limitation assessment could not be done without a full FCE. The letter of appeal does not provide any valid justification for FCE. The request for FCE is not medically necessary.

Weight loss program / Gastric bypass type procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical practice standard of care criteria for physician supervision of weight reduction programs; National Institute of Health's PubMed database; Society of American Gastrointestinal Endoscopic Surgeons and the American Society of Bariatric Surgeons "Sages Guidelines for Laparoscopic and Conventional Surgical Treatment of Morbid Obesity".

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Diabetes : Diet ODG: Diabetes: Bariatric Surgery.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, it recommend gastric bypass, not gastric banding, weight-loss surgery for type 2 diabetes, if change in diet and exercise does not yield adequate results. Patient has diabetes but provider has failed to provide any documentation of any attempt at weight loss. There is no documentation of BMI or home exercise plan. There is no documentation of any home exercise or diet program. Patient should keep to a low glycemic diet and perform home exercise. There is no documentation to support a weight loss program. Request for a bypass surgery is completely inappropriate without documentation of an attempt at weight loss. The request is not medically necessary.