

Case Number:	CM14-0167789		
Date Assigned:	10/15/2014	Date of Injury:	08/23/2013
Decision Date:	11/18/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 08/23/13. A functional capacity evaluation, omeprazole, and menthoderm are under review. He had an MRI of his shoulder in December 2013 that revealed mild tendinosis with no rotator cuff tears and no visible labral tear. He had mild acromioclavicular joint arthrosis. He was taking naproxen and omeprazole and reported no side effects of his medications. On 02/10/14, he did report that his stomach was better with omeprazole. He was still taking naproxen. He returned to modified work on 08/22/14 and he was limited to no repetitive work or above left shoulder work. He was given omeprazole and his gastric symptoms improved with it. He was taking NSAIDs. He has had complaints of neck and left shoulder pain and a headache. He had no gastric issues or constipation. He was doing home exercises and using TENS daily. He had tapered off tramadol. Diagnoses included cervical radiculopathy and degenerative disc disease, shoulder tendinosis with numbness and tingling and myofascial pain. On 10/01/14, he complained of neck and left shoulder pain and intermittent headache. He had no nausea or vomiting. Medications helped his pain over 60%. He was doing home exercises. Medications and TENS unit were provided and he was awaiting an FCE. The functional capacity evaluation has been recommended to determine the claimant's true loss of function or permanent work restrictions.

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 Functional Capacity Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Fitness for Duty, FCE

Decision rationale: The history and documentation do not objectively support the request for an FCE at this time. The MTUS do not address functional capacity evaluations and the ODG provide the following "guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003) The above criteria have not been met. There is no mention of unsuccessful attempts at return to work, conflicting medical reporting on her functional abilities, secondary conditions, etc. The specific indication for this type of evaluation is unclear and it appears that the claimant is tolerating modified work with appropriate restrictions. It is not stated clearly that he has reached MMI and requires permanent restrictions. There is no indication that the claimant condition is chronic and not likely to respond to additional treatment. There is no indication that he is being considered for work hardening, permanent restrictions, or a job change. The medical necessity of this request for an FCE has not been clearly demonstrated.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 102.

Decision rationale: The history and documentation support the request for omeprazole 20 mg #60. The MTUS state regarding PPIs "patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200) or (2) a Cox-2 selective agent. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. In this case, there is documentation that the claimant has been taking anti-inflammatory medications for a prolonged period of time and his

stomach was better with omeprazole. His specific symptoms are not described in the records, but his response to this medication is. He appears to be stable on his current medications. Since omeprazole is controlling his stomach symptoms, he would be at increased risk of adverse effects of his NSAIDs if he stopped it and continuation of this medication appears to be reasonable and medically necessary.

Menthoderm 120 GM #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Menthoderm gel 120 #120, other instructions unknown. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The MTUS also state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005)" The claimant received refills of other medications with no evidence of intolerable side effects or lack of effectiveness resulting in discontinuation. It is not clear what additional benefit may be anticipated from the use of a topical gel when oral medications have been prescribed and are being used. The medical necessity of this request for Menthoderm has not been clearly demonstrated.