

Case Number:	CM15-0075909		
Date Assigned:	05/05/2015	Date of Injury:	11/10/2011
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51-year-old man sustained an industrial injury on 11/10/2011 after falling backwards with a weight on top of him. Evaluations include lumbar spine x-rays and MRI. Diagnoses include lumbosacral radiculopathy with left foot drop, lumbar degenerative disc disease, lumbar sprain/strain, internal derangement left knee, left ankle arthralgia, post concussion syndrome, cephalgia and dizziness, occipital neuralgia, temporomandibular joint pain, cervical and thoracic radiculopathy. Treatment has included medications, aquatic therapy, chiropractic treatment, acupuncture, epidural injections, and physical therapy. The documentation indicates that the injured worker was under the primary care of two physicians as well as a neurosurgery consultant and an orthopedic consultant. At a visit on 11/20/14, the injured worker reported low back pain, left knee pain, and left ankle pain. The documentation indicates that the injured worker was not currently working, and that he last worked in February 2012; work status was noted as temporary total disability. Medications included Norco and a muscle relaxant. X-rays of the lumbar spine obtained at the office visit showed disc space narrowing at L5-S1 and L4-5 with anterior osteophytosis. A urine drug screen on 11/20/14 was positive for meprobamate, hydrocodone, and hydromorphone. At a visit with a neurosurgeon on 12/15/14, the injured worker reported headaches, neck stiffness, left ear tinnitus, hypoacusia, decreased olfaction, tunnel vision, blurred vision, positional vertigo, imbalance, left temporomandibular joint (TMJ) pain with clicking, neck pain, shoulder pain, elbow pain, wrist pain, low back pain, knee pain, ankle pain, depression, anxiety, and memory issues. It was noted that the injured worker could only get a few hours of sleep in a 24-hour period. He reported difficulty with activities of daily

living including personal care. Examination showed decreased memory and concentration, decreased olfaction, decreased sensation of the left trigeminal nerve, no dysmetria or ataxia, normal coordination, and positive Romberg test. There was left more than right TMJ tenderness and bilateral occipital tenderness. Moderately weak hand grip bilaterally greater on the left, moderately weak left foot dorsiflexion, decreased sensation at the left torso, and decreased sensation at the posterolateral arms and forearms and left more than right thenar more than hypothenar regions were noted. It was noted that the injured worker had been on Norco for over 3 years, and discontinuation of Norco with trial of Opana was recommended. Multiple MRIs sleep lab evaluation, neurocognitive testing, videonystagmogram for vestibular malfunction testing, and other studies were recommended. Electromyogram (EMG) and nerve conduction studies (NCS) on 12/15/14 showed increased irritability in the bilateral C6 myotomes, compatible with root irritation at the foraminal level, and mild prolonged distal latencies of the bilateral median nerve. A progress note from the primary treating physician on 3/17/15 documented left elbow issues and possible cubital tunnel syndrome; medications were noted as Norco and Zanaflex. Work status was noted as temporary total disability. Physician notes from an orthopedic evaluation dated 4/2/2015 show complaints of severe lumbar spine pain with radiation to the bilateral lower extremities. Examination showed normal examination of the cervical spine; examination of the elbows showed no tenderness over the medial or lateral epicondyles, with no instability or olecranon bursitis. Wrist examination was normal. Examination of the lumbar spine showed tenderness and paravertebral spasm, decreased sensation at L4 and L5 bilaterally, and negative provocative testing. Deep tendon reflexes were equal at the ankles and reduced at the knees bilaterally. Review of MRI of the lumbar spine on 3/2/13 noted that the study showed disc bulging and degenerative changes. X-ray of the lumbar spine showed spondylitic changes with no fractures or dislocations. An updated MRI of the lumbar spine was requested due to the injured worker's level of pain. On 4/6/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS, ACOEM, and ODG, and additional medical literature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital Nerve Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Chapter, Greater occipital nerve block (GONB); Neck Chapter, Cervicogenic headache, facet joint neurotomy, greater occipital nerve block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter: occipital nerve block, neck chapter: greater occipital nerve block, diagnostic, therapeutic.

Decision rationale: Per the ODG, occipital nerve blocks are under study for use in treatment of primary headaches, occipital neuralgia, and cervicogenic headaches. Studies for treatment of migraine and cluster headaches show conflicting results. Response was limited to short-term duration and there is no standardized method of use of this modality for treatment of primary

headaches. There is little evidence that the block provides sustained relief. If employed, it is best used with concomitant therapy modulations. A recent study showed that greater occipital nerve block is not effective for chronic tension headache. The block may have a role in differentiating between cervicogenic headache, migraine headache, and tension headache. In this case, a neurosurgery consultant had noted headaches, but the pattern and frequency of the headaches were not discussed. There was no documentation of need to differentiate between types of headaches. Guidelines note lack of sustained response to occipital nerve blocks and lack of standardized method of use. Concurrent therapy for headaches was not discussed. The number of treatments was not specified, which may imply an indefinite number. Due to lack of specific indication, lack of sufficiently specific prescription, and lack of documented plan for concomitant therapy, the request for occipital nerve blocks is not medically necessary.

MRI of the Bilateral Wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist and Hand Chapter, MRI's, Carpal Tunnel Syndrome Chapter- MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, and hand chapter: MRI.

Decision rationale: The ACOEM states that for most patients with hand and wrist problems, special studies are not needed until after a four to six week period of conservative care and observation. MRI is relatively more able to identify infection. The ODG states that MRI may be useful in selected cases when there is a high clinical suspicion of a fracture despite normal radiographs. Additional indications for MRI include acute hand or wrist trauma with suspicion of thumb metacarpophalangeal ulnar collateral ligament injury, chronic wrist pain with normal radiographs and suspicion of soft tissue tumor, and chronic wrist pain with plain films normal or equivocal and suspicion of Kienbock's disease. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the most recent examination of the wrists, by an orthopedic consultant, was normal. There was no documentation of plain radiographs of the wrists. Due to lack of abnormal findings on recent physical exam, and lack of documentation of plain radiographs of the wrists, the request for MRI of bilateral wrists is not medically necessary.

MRI of the Temporomandibular Joints (TMJ): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Chapter, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Temporomandibular disorders in adults. In UpToDate, Post TW (Ed), UpToDate, Waltham, MA 2015.

Decision rationale: This injured worker was noted to have left temporomandibular joint (TMJ) pain with clicking, with finding of left more than right TMJ tenderness. The MTUS and ODG are silent on the evaluation of TMJ syndrome. Per the cited reference, the diagnosis of TMJ disorders is based on the history and findings on physical examination. Imaging studies may, in some cases, clarify the diagnosis. Imaging is generally used when there may be an articular disc derangement disorder, an arthropathy/arthritis, or some sort of tumor. Typically, plain film panoramic radiography of the jaws is used as initial imaging, with maxillofacial cone-beam CT scanning and MRI of the temporomandibular joints as additional imaging depending on the rest of the diagnostic evaluation findings. The most common and helpful diagnostic study is imaging with panoramic radiography of the jaws. This is considered a useful initial imaging modality to evaluate the bone structure, teeth, sinuses, and TMJ shape. In this case, no plain films of the jaws were submitted. As such, the request for MRI of the Temporomandibular Joints (TMJ) is not medically necessary.

X-rays of the Lumbar Spine with flexion and extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Work Loss Data Institute: Lower back; Official Disability Guidelines: Low Back Chapter, Radiography (x-rays); Lumbar Chapter: Flexion/extension imaging studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296, 303.

Decision rationale: The ACOEM low back chapter notes that for acute lumbar strain, no tests are indicated for 4-6 weeks; for lumbosacral nerve root compression with radiculopathy, no tests are indicated for 4-6 weeks unless compression is severe or progressive. Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks, but may be appropriate when the physician believes it would aid in pain management. In this case, the injured worker had chronic low back pain. X-rays of the lumbar spine were performed on 11/20/14 and 4/2/15, with findings as noted. There was no documentation of change in symptoms or clinical findings since the performance of the prior lumbar spine radiographs. No red flags were documented. As the injured worker has already had two recent x-rays of the lumbar spine without change in clinical condition since this imaging, and as no red flag conditions were documented, the request for X-rays Lumbar spine with flexion and extension views is not medically necessary.

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: The MTUS for Chronic Pain provides very limited support for interferential treatment, notes the poor quality of medical evidence in support of interferential stimulation therapy, and states that there is insufficient evidence for using interferential stimulation for wound healing or soft tissue injury. Per the MTUS, interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications. There are no standardized protocols for the use of interferential stimulation. If certain criteria are met, a one-month trial may be appropriate to permit the physician and physical medicine provider to determine effects and benefits. Criteria include pain which is ineffectively controlled by medications, history of substance abuse, pain from postoperative conditions that limit the ability to perform exercise programs, or lack of response to conservative measures. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The treating physician has not provided a treatment plan, which includes interferential stimulation therapy in the context of the recommendations of the MTUS. This includes return to work, exercise, medications, and no conductive garment. The injured worker remains temporarily totally disabled, and there was no documentation of an exercise program. Due to lack of a treatment plan in accordance with the MTUS, the request for interferential unit is not medically necessary.

MRI of the Left Elbow with Tesla 3.0: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow chapter: MRIs.

Decision rationale: The ACOEM states that imaging of the elbow may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for one month or more, as in the case when surgery is being considered for a specific anatomic defect, or to further evaluate potentially serious pathology such as a possible tumor, when the clinical examination suggests the diagnosis. The ACOEM recommends against MRI of the elbow for suspected epicondylalgia. The ODG states that MRI may provide diagnostic information for evaluation the elbow in certain conditions such as chronic elbow pain with nondiagnostic plain films, including intra-articular osteocartilaginous body, occult injury such as osteocondral injury, collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. Repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of significant pathology. In this case, some of the progress notes document elbow pain. The most recent examination of the elbows, by an orthopedic consultant on 4/2/15, was unremarkable. No plain films of the elbow were submitted. Due to lack of abnormal findings on recent physical examination of the elbow, and lack of documentation of performance of plain radiographs of the elbow, the request for MRI of the left elbow with Tesla 3.0 is not medically necessary.

MRI of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic (Acute and Chronic) Chapter, MRI's, standing MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-172, 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: MRI.

Decision rationale: Per the MTUS/ACOEM, for most patients presenting with neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Examination showed decreased sensation at the left torso, but no other neurological deficits related to the thoracic spine. No red flags or plan for an invasive procedure were noted. MRI of the thoracic spine is not medically necessary in light of the paucity of clinical findings suggestive of any serious pathology.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Polysomnography, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: polysomnography and Other Medical Treatment Guidelines Practice Parameters for the Indications for Polysomnography and Related Procedures: An Update for 2005. SLEEP 2005; 28(4): 499-521.

Decision rationale: The MTUS does not provide direction for evaluating or treating sleep disorders. The ODG states that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week) unresponsive to behavior intervention and medications and after a psychiatric etiology has been excluded. Polysomnography is also indicated when a sleep related breathing disorder or periodic limb movement disorder is suspected. The ODG lists additional criteria for polysomnography and states that home sleep studies are an option. The criteria per the ODG for sleep studies include a combination of indications including excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change, suspicion of sleep-related breathing disorder or periodic limb movement disorder, and insomnia complaint for at least six months. Sleep study for the sole complaint of snoring is not recommended. The American Academy of Sleep Medicine (AASM)

has published practice parameters for polysomnography (PSG) and related procedures. The conditions addressed included sleep related breathing disorders (SRBD), other respiratory disorders, narcolepsy, parasomnias and sleep related seizure disorders, restless legs syndrome and periodic limb movement sleep disorder, depression with insomnia, and circadian rhythm sleep disorders. The initial evaluation should include a thorough sleep history and a physical examination that includes the respiratory, cardiovascular, and neurologic systems. The general evaluation should serve to establish a differential diagnosis of SRBDs, which can then be used to select the appropriate test(s). The general evaluation should therefore take place before any PSG is performed. The documentation noted that the injured worker can only get a few hours of sleep in a 24-hour period. No other complaints or findings related to a potential sleep disorder were documented. A thorough sleep history was not documented, including duration and frequency of sleep disturbance. The criteria for polysomnography as outlined by the ODG were not met for this injured worker. Due to lack of specific indication, the request for sleep study is not medically necessary.

Tramadol 20% Cream 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Tramadol is a centrally acting synthetic opioid analgesic. The MTUS and ODG do not address tramadol in topical form. The site of application and directions for use were not specified. The documentation submitted did not indicate that the injured worker had failed a trial of oral antidepressant or antiepileptic medication. As such, the request for tramadol cream is not medically necessary.

Videonystagmogram for Dizziness/Vertigo/Imbalance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head, Vestibular studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) vestibular studies, concussion/mTBI assessment.

Decision rationale: The ODG states that vestibular studies assess the function of the vestibular portion of the inner ear for patients who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. Clinicians need to assess and identify vestibular impairment following concussion using brief screening tools to allow them to move patients into targeted treatment tracks that will provide more individualized therapies for their specific impairments. Patients with mild traumatic brain injury (TBI) often complain of dizziness.

However, these problems may be undetected by a clinical exam. This injured worker has a diagnosis of post-concussion syndrome. He reported blurred vision, positional vertigo, and imbalance. The Utilization Review determination non-certified the requested service due to lack of documentation of review of prior records, and notes that it would be reasonable to expect that the patient has undergone diagnostic testing at this point, and that the records do not establish that the patient has previously undergone a videonystagmogram. However, the documentation does indicate that the neurosurgeon performed a review of medical records. Due to diagnosis of post-concussion syndrome with ongoing complaints of vertigo and imbalance, the request for videonystagmogram is medically necessary.

MRI of the Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-172, 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: MRI.

Decision rationale: Per the MTUS/ACOEM, for most patients presenting with neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. This injured worker has chronic neck pain. Decreased handgrip and decreased sensation in the upper extremities were documented by the physician. Electromyogram (EMG) and nerve conduction studies (NCS) on 12/15/14 showed increased irritability in the bilateral C6 myotomes, compatible with root irritation at the foraminal level, and mild prolonged distal latencies of the bilateral median nerve. The Utilization Review determination denied the request for MRI of the cervical spine, noting lack of review of previous treatment records and expectation that the patient has previously undergone MRI of the cervical spine. However, the neurosurgeon documented review of medical records, and no prior MRI of the cervical spine was submitted. The documentation is consistent with examination and electrodiagnostic findings of neurologic dysfunction. As such, the request for MRI of the cervical spine is medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic (Acute and Chronic) Chapter, MRI's, standing MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: MRI.

Decision rationale: The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The ODG states that repeat MRI is indicated when there is significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neuro-compression, or recurrent disc herniation. In this case, the injured worker has chronic back pain. MRI of the lumbar spine was previously performed in March 2013. There was no documentation of red flag diagnoses or consideration of surgery. There was no documentation of significant change in symptoms or findings suggestive of significant pathology to warrant repeat MRI. As such, the request for MRI of the lumbar spine is not medically necessary.

Cognitive Tests: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Psychological evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter: concussion/mTBI assessment, neuropsychological testing and Other Medical Treatment Guidelines Evaluation of cognitive impairment and dementia. In UpToDate, Post TW (Ed), UpToDate, Waltham, MA 2015.

Decision rationale: This injured worker was noted to have post-concussion syndrome, with decreased memory and concentration. Neuro-psychologic testing usually involves extensive evaluation of multiple cognitive domains. Neuro-psychologic instruments that emphasize memory function are considered most useful. Testing may help to differentiate normal individuals from those with mild cognitive impairment and dementia. The ODG states that computerized neuropsychological tests can be useful if performed by experts but are not necessary for most athletes with concussions. Neuropsychological testing is recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion/mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. In this case, the injured worker was noted to have post-concussion syndrome, with the initial injury several years prior. The treating physician documented decreased memory and concentration. The Utilization Review determination denied the requested service, stating that the records do not establish that the patient has previously undergone any cognitive testing, and lack of review of previous treatment records. However, the neurosurgical consultant documented review of medical records. No prior cognitive testing was submitted. As this injured worker has findings consistent with memory impairment persisting beyond the first 30 days post injury, the request for cognitive tests is medically necessary.

Flurbiprofen 20% Cream 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49, Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Topical non-steroidals are not recommended for neuropathic pain. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. As flurbiprofen is not recommended by the guidelines, the request for Flurbiprofen 20% cream 30gm is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty Chapter: Functional Capacity Evaluations (FCE), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) fitness for duty chapter: functional capacity evaluation.

Decision rationale: Per the ODG, functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. FCE is not recommend for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The current request does not meet this recommendation, as it appears to be intended for general rather than job-specific use. The documentation did not indicate that admission to a work hardening program was anticipated. As such, the request for functional capacity evaluation is not medically necessary.