

<b>Case Number:</b>	CM14-0117898		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/02/1998
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55 year old male was reportedly injured on 7/2/1998. The mechanism of injury was noted as not listed. The most recent progress note, dated 6/20/2014, indicated that there were ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine positive tenderness to palpation of the paraspinals and positive surgical incision scar, antalgic gait and weakness noted, decreased bilateral lower leg strength, and decreased sensitivity in the right lower extremity. No recent diagnostic studies are available for review. Previous treatment included previous surgery, medications, and conservative treatment. A request was made for MRI of the lumbar spine and Duragesic patch 100 micrograms and was not certified in the preauthorization process on 7/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically sited).

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) practice guidelines support a MRI of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least four to six weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing radiculopathy and nerve root compression. Review, of the available medical records, reports no findings of radiculopathy in a specific nerve roots dermatome, as well as patient consideration for additional surgeries. As such, the request of MRI of the lumbar spine is not medically necessary and appropriate.

**Duragesic patch 100mcq/hr:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic(Fentanyl Transdermal System).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44,93.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines support long acting opiates in the management of chronic pain when continuous around the clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Treatment guidelines specifically state fentanyl is not recommended for musculoskeletal pain. Review, of the available medical records, fails to document improvement in pain or function with the current treatment regimen. Given the date of injury, clinical presentation and current diagnosis, this request of Duragesic patch 100mcq/hr. is not medically necessary and appropriate.