

<b>Case Number:</b>	CM15-0102514		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	01/11/1984
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 75-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of January 11, 1984. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve requests for lumbar MRI imaging and Duragesic. The claims administrator referenced a May 6, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On May 6, 2015, the applicant reported ongoing complaints of low back and shoulder pain, 7-8/10. Sitting, standing, and lifting remained problematic, it was reported. Positive impingement maneuver was noted about the right leg with limited lumbar and spine range of motion noted. The attending provider stated, in the diagnoses section of the note, that the applicant had radio graphically confirmed lumbar radiculopathy with nerve root effacement at the L5-S1 level. The attending provider also stated that the applicant's lumbar radiculopathy was electro diagnostically confirmed. Updated lumbar MRI imaging was sought as well as an orthopedic shoulder surgery consultation. Duragesic was reportedly started on this date, while Protonix, Flexeril, and Relafen were continued. The applicant's work status was not clearly stated, although it did not appear that the applicant was working with previously imposed permanent limitations. The attending provider did not state how the new lumbar MRI would influence or alter the treatment plan. In an April 9, 2015 teleconference, the attending provider stated that he was introducing Duragesic on the grounds that the applicant had difficulty tolerating oral opioids and often forgot to take the same. On April 3, 2015, the attending provider stated that the applicant's previous lumbar MRI was quite dated and had been done in

July 2013. The attending provider stated that the applicant had failed conservative care including epidural steroid injection therapy, medial branch blocks and radiofrequency lesioning and that there was "no option except spine surgery." On April 2, 2015, the attending provider again stated that the applicant had not yet received previously prescribed Duragesic.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI Lumbar Spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** Yes, the proposed MRI of the lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, the requesting provider, an orthopedist, did state that he was considering a spine surgery. The requesting provider did state that the applicant had an established diagnosis of lumbar radiculopathy, both radiographically and/or electrodiagnostically confirmed. The attending provider stated, however, that previous MRI imaging of July 2013 was too dated for preoperative planning purposes and that a new MRI was needed prior to pursuit of spine surgery and/or spine surgery consultation. Moving forward with lumbar MRI imaging for this purpose was/is indicated. Therefore, the request was medically necessary.

#### **Duragesic Patch 25mcg for pain #10: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

**Decision rationale:** Similarly, the request for Duragesic, a long-acting opioid, was medically necessary, medically appropriate, and indicated here. While page 44 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Duragesic (fentanyl) is not recommended as a first-line therapy, page 44 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that Duragesic is indicated in the management of chronic pain in applicants who require continuous opioid analgesia for pain which cannot be managed through other means. Here, the attending provider did frame the request as a first time request for Duragesic and also insinuated that the applicant had failed first-line oral opioids. The attending provider did seemingly state that the applicant had had issues tolerating first-line oral opioids on multiple progress notes and/or teleconference reports of mid 2015. Moving forward with what was framed as a first-time request for Duragesic was, thus, indicated. Therefore, the request was medically necessary.

