

<b>Case Number:</b>	CM13-0052783		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/09/2003
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient is a 29-year-old female who reported an injury on 08/09/2003. The mechanism of injury was not specifically stated. The patient is currently diagnosed with failed back surgery syndrome, fibromyalgia/myositis, and lumbar spine radiculopathy. The patient was seen by [REDACTED] on 10/15/2013. The patient reported 8/10 lower back pain. Physical examination revealed no apparent loss of coordination, intact sensation, moderate tenderness, and limited range of motion. Treatment recommendations included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 25mcg/hr transdermal patch:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 and 74-82.

**Decision rationale:** California MTUS Guidelines state Duragesic patch is not recommended as a first-line therapy. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report 8/10 lower back pain without any changes to indicate functional improvement. The patient's physical examination continues to

reveal moderate tenderness to palpation with limited range of motion and guarding. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.