MAXIMUS Federal Services

Case Number:	CM14-0105555		
Date Assigned:	08/01/2014	Date of Injury:	01/25/2001
Decision Date:	09/12/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/08/2014

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 Orthopedic Surgery 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 injured worker is a 68-year-old female who reported an injury on 01/25/2001 of unspecified cause of injury. The injured worker had a history of bilateral sacroiliac joint pain and buttock pain. The injured worker had diagnoses of bilateral sacroiliac joint dysfunction, failed back surgery syndrome lumbar spine, lumbar radiculopathy, lumbar spondylosis, opiate-induced gastritis, migraine headaches, and insomnia due to back pain. No diagnostics for review. The past surgeries included a rotator cuff repair and failed back surgery. The past treatments included heat, ice packs, muscle relaxants, opiate therapy, whirlpool, spa, exercise, a back brace, medication, physical therapy, acupuncture, and epidural steroid injections. The medications included Celebrex 100 mg, Cymbalta 60 mg, Norco 5/325 mg, fentanyl transdermal patch 100 mcg, hydrocodone 15 mg, trazodone 100 mg, Voltaren gel 1%, and Lyrica 50 mg. The objective findings dated 03/08/2013 to the lumbar spine revealed decreased range of motion to all planes, tenderness to palpation to the lumbar paraspinous area with a positive L Patrick's sign and positive L faber sign, and steady gait. The injured worker reported her pain a 6/10 to 8/10 using the VAS (visual analog scale). The injured worker was also noted for thoracic kyphosis with a bend to the waist region. The treatment plan included fentanyl patch, oxycodone, sacroiliac joint injection, and return in 1 month for medication management. The Request for Authorization was not submitted within the documentation. The rationale for the Tegaderm dressing and Tegaderm hydroc was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Tegaderm 2.375X2.75 inches dressing, count 10, DOS: 5/13/13.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.ncmedical.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.ncmedical.com.

Decision rationale: The request for Retrospective usage of Tegaderm 2.375x2.75 inch dressing, count 10, DOS: 05/13/2013 is non-certified. Tegaderm, per www.ncmedical,com tegaderm dressing film, with the "frame" allows maximum versatility as it can be cut to any shape and size. Dressings conform to the body and flex with skin for greater patient comfort. Transparent dressings allow easy monitoring of wounds without the need to remove the dressing. It is hypoallergenic and latex free. Per the clinical notes provided the injured worker did not have an open wound. The request did not address the frequency. As such, the request is non-certified.

Retrospective usage of Tegaderm Hydroc 4X4 inches dressing, count 8, DOS: 2/12/13.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.ncmedical.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.ncmedical.com.

Decision rationale: The request for retrospective usage of Tegaderm Hydro 4x4 inches dressings, count 8, DOS: 02/12/2012 is non-certified. Per ncmedical.com indicates that Tegaderm Hydro combines the excellent moisture vapor permeability of a transparent dressing with the absorbency and conformability of a unique hydrocolloid adhesive. It allows for wound observation. Per the clinical notes provided the injured worker did not have an open wound and did not address a need for tegaderm. The request did not address the frequency. As such, the request is non-certified.

Retrospective usage of Lyrica 75mg, count 180, DOS: 6/21/2011 and 9/12/2011: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

Decision rationale: The request for retrospective use of Lyrica 75mg, count 180, DOS: 06/21/2011 and 09/12/2011 is non-certified. The California MTUS Guidelines indicate that

Lyrica is an anticonvulsant that has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. Per the clinical notes provided, the injured worker did not have a diagnosis of diabetic neuropathy or post herpetic neuralgia. The request did not address the frequency. As such, the request is non-certified.

Retrospective usage of Actonel pack, count 1, DOS: 9/12/2011.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http//www. Drugs.com/actonel/html.

Decision rationale: The request for retrospective usage of Actonel pack, count 1, DOS: 09/12/2011 is non-certified. Per the information obtained for www.drugs.com Actonel (risedronate) belongs to a group of medicines called bisphosphonates. It alters the cycle of bone formation and breakdown in the body. Risedronate slows bone loss while increasing bone mass, which may prevent bone fractures. Actonel is used to treat or prevent osteoporosis in men and women. Actonel is also used to treat Paget's disease of bone. Per the clinical notes provided the injured worker did not have a diagnosis of osteoporosis or Paget's disease. The clinical notes did not provide diagnostic testing within the documentation for review. The request did not address the frequency. As such, the request is non-certified.