

Case Number:	CM14-0151905		
Date Assigned:	09/22/2014	Date of Injury:	08/17/2011
Decision Date:	10/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 50-year-old female who reported an injury on 08/15/2011. The mechanism of injury was not provided. On 08/27/2014, the injured worker presented with complaints of severe right buttock, hip, and leg pain. Diagnoses were right knee internal derangement status post right knee arthroscopy, retropatellar chondroplasty and anterior synovectomy, right knee pain, meralgia paresthesia aka lateral cutaneous femoral nerve of the thigh compression syndrome, right sciatica, and pain related insomnia. The physical examination was unremarkable. The medications included Pecura, Toradol, Butrans patch, Nexium, temazepam, Colace, Flurflex, and Nucynta. The provider recommended Tegaderm patch, Nexium, Butrans, and Temazepam. The provider's rationale was not provided. The Request For Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tegaderm Patch Cover Between 8/27/2014 and 10/11/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://solutions.3m.com/wps/portal/3M/en_US/3MC3SD/Wound-Care/Brands/Tegaderm/Tegaderm

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable Medical Equipment.

Decision rationale: The request for 1 Tegaderm Patch Cover Between 8/27/2014 and 10/11/2014 is not medically necessary. According to the Official Disability Guidelines, durable medical equipment is recommended if there is a medical need. Durable medical equipment is defined as something that could withstand repeated use, is primarily and customarily used to serve a medical purpose, and is generally not useful to a person in the absence of illness or injury. A clear clinical rationale or indication for this role in the injured worker's ongoing treatment was not provided. Additionally, it is not stated where the Tegaderm patch over would be applied or for what purpose it would serve. As such, medical necessity has not been established.

Nexium Tablets 40mg #60 Between 8/27/2014 and 10/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The request for Nexium Tablets 40mg #60 Between 8/27/2014 and 10/11/2014 is not medically necessary. According to the California MTUS Guidelines, Nexium may be indicated for injured workers with dyspepsia secondary to pain to NSAID therapy, or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the guideline recommendation for Nexium. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

4 Butrans Patch 20mcg Between 8/27/2014 and 10/11/2014:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The request for 4 Butrans Patch 20mcg Between 8/27/2014 and 10/11/2014 is not medically necessary. According to California MTUS Guidelines, Butrans is recommended for treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in injured workers who have a history of opioid addiction. There is lack of documentation that the injured worker has a history of opioid addiction or is recommended for detoxification of opiates. The provider's rationale for the use of Butrans patch

was not provided. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

Temazepam 30mg #30 Between 8/27/2014 and 10/11/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Temazepam 30mg #30 Between 8/27/2014 and 10/11/2014 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks. The injured worker has been prescribed Temazepam previously, and the provider's request for Temazepam 30 mg with a quantity of 30 exceeds the guideline recommendation for short term treatment. There is lack of documentation of the efficacy of the prior use of the medication. Frequency of the medication was not provided in the request as submitted. As such, based on the documents provided, medical necessity has not been established.