

Case Number:	CM14-0185803		
Date Assigned:	11/13/2014	Date of Injury:	04/22/2013
Decision Date:	12/23/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/07/2014

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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of April 22, 2013. A utilization review determination dated October 10, 2014 recommends noncertification of tegaderm and dressing. A progress report dated August 22, 2014 identifies subjective complaints of pain rated as 6/10. Without medication the pain is 9/10. No side effects are noted. Current medications include fentanyl and Norco. Physical findings reveal restricted lumbar range of motion with pain, reduced strength in the lower extremities, and decreased sensation in the lateral foot and all toes on the right. The note indicates that the patient underwent surgery on April 22, 2013 and December 2013. Diagnoses include radiculopathy, pain in limb, and pain in joint lower leg. The treatment plan states that since the fentanyl was changed from every 3 days to every 2 days, he is more functional and is sleeping more. He continues to go to the gym and do stretching. The treatment plan goes on to recommend Norco and fentanyl. Trazodone, Galise, and Robaxin are also recommended. A prescription of tegaderm and dressing is also provided. The quantity is 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegaderm 2" x 275" dressing 2" x 234 1 patch to skin q 3 days #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 8/22/14), Wound Dressings.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Wound Dressing.

Decision rationale: Within the documentation available for review, it is unclear what the currently requested Tegaderm and dressing are for. There is no indication of any recent surgery or wound which would require wound care. The items may be requested to adhere the fentanyl patches to the skin. However, this has not been clearly documented. If this is the intended use of these supplies, there is no documentation that the patient is cleaning the skin appropriately prior to fentanyl patch application, that the patient has failed using other methods such as athletic or waterproof tape, and that the Tegaderm and dressing are both required to adhere the patches appropriately. In the absence of such documentation, the request for Tegaderm 2" x 275" dressing 2" x 234 1 patch to skin q 3 days #15 are not medically necessary.