

Case Number:	CM14-0029845		
Date Assigned:	06/13/2014	Date of Injury:	11/04/2010
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/04/2014

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 Interventional Spine 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 patient sustained an injury on 11/4/10 while employed by [REDACTED]. Request(s) under consideration include Tegaderm 2 times 2 3/4 bandage once every 72 hours PRN #30. Report of 2/4/14 from the provider noted patient with right shoulder, arm, hand, back, and neck pain constant and intermittent in nature described as throbbing and shooting. Mood described as depressed with difficulty staying asleep. Exam showed thoracic spine with tenderness over the paraspinal muscles; multiple trigger points; jump sign and radiation pain; shoulder joints with abnormal IF; cervical spine with reduced range of motion; tenderness in the paravertebral region on right. Medications list Methadone, Methylphenidate; Lidoderm 5%; adhesive patch; Hydrocodone/Acet 10/325 mg; Ativan; Nucynta; Amitiza; OxyContin; Cymbalta; Fentanyl transdermal patch; Oxycodone; and Tegaderm bandage. Diagnoses included cervical spondylosis, fibromyalgia myositis; joint shoulder pain; carpal tunnel syndrome; enthesopathy of wrist and carpus; cervicalgia; opioid type dependence; and adhesive capsulitis of shoulder. Treatment plans included medications refill and dressings. Request(s) for Tegaderm 2 times 2 3/4 bandage once every 72 hours PRN #30 #30 was not medically necessary and appropriate on 2/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEGADERM 2"X2 3/4" BANDAGE 1 EVERY 72 HOURS PRN #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation), Forearm/Wrist/Hand, Wound Dressings, page 187-189: Recommended as indicated below. Recommend the following combinations: for chronic wounds, (1) debridement stage, hydrogels; (2) granulation stage, foam and low-adherence dressings; and (3) epithelialization stage, hydrocolloid and low-adherence dressings; and for the epithelialization stage of acute wounds. Low Back Chapter, page 512: (1) debridement stage, hydrogels; (2) granulation stage, foam and low-adherence dressings; and (3) epithelialization stage, hydrocolloid and low-adherence dressings; and for the epithelialization stage of acute wounds, low-adherence dressings.

Decision rationale: This patient sustained an injury on 11/4/10 while employed by [REDACTED]. Request(s) under consideration include Tegaderm 2 times 2 3/4 bandage once every 72 hours PRN #30. Report of 2/4/14 from the provider noted patient with right shoulder, arm, hand, back, and neck pain constant and intermittent in nature described as throbbing and shooting. Mood described as depressed with difficulty staying asleep. Exam showed thoracic spine with tenderness over the paraspinal muscles; multiple trigger points; jump sign and radiation pain; shoulder joints with abnormal IF; cervical spine with reduced range of motion; tenderness in the paravertebral region on right. Medications list Methadone, Methylphenidate; Lidoderm 5%; adhesive patch; Hydrocodone/Acet 10/325 mg; Ativan; Nucynta; Amitiza; OxyContin; Cymbalta; Fentanyl transdermal patch; Oxycodone; and Tegaderm bandage. Diagnoses included cervical spondylosis, fibromyalgia myositis; joint shoulder pain; carpal tunnel syndrome; enthesopathy of wrist and carpus; cervicgia; opioid type dependence; and adhesive capsulitis of shoulder. Treatment plans included medications refill and dressings. Submitted reports have not adequately demonstrated the medical indication or necessity for Tegaderm, an adherent bandage dressing. There are no open wounds, abrasions, or recent surgical areas documented requiring Tegaderm dressing. It is not clearly presented; however, the patient has a Fentanyl patch prescription which should be self-adherent and not a medical standard practice necessitating an additional Tegaderm dressing for active treatment. The Tegaderm 2 times 2 3/4 bandage once every 72 hours PRN #30 is not medically necessary and appropriate.