

Case Number:	CM14-0047967		
Date Assigned:	07/11/2014	Date of Injury:	06/02/1997
Decision Date:	10/14/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/16/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 54-year-old male who reported an injury on 06/02/1997 caused by an unspecified mechanism. The injured worker's treatment history included medications and MRI studies. The injured worker was evaluated on 03/26/2014 and it was documented the injured worker complained of cervical pain. The injured worker was experiencing back stiffness, numbness and tingling in the right and left forearm, radicular pain in the right and left arm, weakness, stiffness, and pain and headaches. The pain was rated at 3/10 to 4/10 on the pain scale as described as aching, burning, increasing, pounding, shooting, stabbing, pinching, and stiff. The physical examination revealed muscle strength for all groups tested right shoulder abductors where the muscle strength was 4+/5. Bilateral shoulder abductors, bilateral wrist extensors, bilateral wrist flexors, bilateral thumb abductors, bilateral finger flexors, bilateral finger abductors, bilateral biceps, and bilateral triceps muscle strength was 5-/5. The examination of the lumbar spine revealed point tenderness to paracervical and facet capsule on deep palpation and pain with rotation and extension. There was a decrease in range of motion, point tenderness of paracervical hardware, and general significant myofascial pain mainly in the upper thoracic. There was tenderness to palpation of the occipital and lumbar paraspinal muscles triggering the headache with palpation. There was tenderness to palpation over the facets as well. There was reduced range of motion of the cervical spine. There were obvious findings of rotator cuff tear of right shoulder fairly significant with provocative maneuvers, obvious findings for facet capsular tears and severe discopathy of the cervical spine and mid thoracic spine, and there was no change in this on his presentation. Medications included Ambien, fentanyl 25 mcg/hour patch, Lidoderm patch 5%, Percocet 10/325 mg, Senna, and Tegaderm dressing. Diagnoses included cervicalgia, shoulder pain, lower extremity dysfunction, and thoracic pain. The Request for Authorization

dated 03/31/2014 was for Tegaderm dressing for the use with fentanyl patch for the lumbar spine and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tegaderm Dressing for use with Fentanyl patch, for the lumbar spine and shoulder:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) www.odg-twc.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) & Fentanyl, Page(s): 44&47.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Wound Dressing.

Decision rationale: The requested is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Duragesic fentanyl transdermal system as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The documents submitted for review lacked evidence of conservative care outcome measures of physical therapy and home exercise regimen for the injured worker. Per Official Disability Guidelines (ODG), state wound dressings/Tegaderm are 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-adherence dressings. For specific situations, the following dressings are favored: for fragile skin, low-adherence dressings; for hemorrhagic wounds, alginates; and for malodorous wounds, activated charcoal. The documents submitted indicated the injured worker uses the Tegaderm to cover up the Fentanyl Patches; there was lack of evidence of the clinical necessity for the Tegaderm transparent medical dressing. The request failed to indicate duration and frequency of medication. Given the above, the request 1 Tegaderm Dressing for the use with Fentanyl patch, for the lumbar spine and shoulder is not medically necessary.