MAXIMUS Federal Services

Case Number:	CM14-0194150		
Date Assigned:	12/01/2014	Date of Injury:	05/14/1998
Decision Date:	01/14/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal Medicine, and is licensed to practice in New York. 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 38 year old man with a date of injury of 5/14/98. The most recent note in the records is a provider visit on 7/1/14. He complained of chronic low back and bilateral leg pain and was status post L4-5 discectomy and L5-S1 laminectomy. His exam showed limited range of motion of the lumbar spine with pain. He had point tenderness in the bilateral paraspinals and bilateral superior gluteal region. His power exam was 'grossly intact' and he had decreased sensation in the L5-S1 dermatomal distribution bilaterally. His straight leg test was positive. His diagnoses were low back pain, lumbar disc herniation and radiculopathy, lumbosacral spondylosis and disturbance of skin sensation. His medications were listed as Cymbalta, Provigil, Zanaflex, Androgel pump, Colace, Trazodone, Lyrica, Miralax, Lipitor and Monopril. At issue in this review is the request for a Tegaderm 1 year supply to keep Fentanyl Patch from falling off and TENS Unit Supplies- Electrodes, batteries and wires 1 year supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegraderm 1 year supply to keep Fentanyl Patch from falling off: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM American College of Occupational & Environmental Medicine, 2nd Edition and on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Online Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic back and leg pain with an injury sustained in 1998. The medical course has included numerous treatment modalities including surgery and use of several medications. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 7/1/14 fails to document any that the worker is receiving a fentanyl patches or that there is an issue with it sticking to his skin. The medical necessity of Tegaderm 1 year supply 'to keep Fentanyl Patch from falling off' is not substantiated in the records. Therefore, this request is not medically necessary.

TENS Unit Supplies- Electrodes, batteries and wires 1 year supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pin (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

Decision rationale: A TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, the records do not document the rationale for a TENS unit or that it used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit is not documented in the available medical records. Therefore, this request is not medically necessary.