MAXIMUS Federal Services

Case Number:	CM14-0197616		
Date Assigned:	12/05/2014	Date of Injury:	04/26/2006
Decision Date:	12/21/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 male with a date of injury on 04-26-2006. The injured worker is undergoing treatment for failed back surgery syndrome. A progress note dated 05-07-2015 documents he is experiencing more discomfort and feeling sluggish since reducing his opiated does, his sleep is poor. He is willing to continue to decrease his Opiate dose again this month. He is 2 months after following recommended weaning plan and states he is not doing well at all. He has not energy and pain levels are high, he is not as productive and is not able to work. Previous dosing is recommended. A physician progress note dated 10-28-2015 documents the injured worker has low back and left leg pain that he rates as 2 out of 10. He is feeling more stiffness in his lower back and buttock area in the mornings. When he gets his meds his pain is 3 out of 10 on the pain scale. There is tenderness to the lumbar paraspinous muscles and axial tenderness. He has ROM stiffness and discomfort with extension. There is tenderness to the right sacroiliac joint, piriformis muscle and trochanter. He has positive Faber's test bilaterally. Straight leg raise is positive on the left. He needs the Tegaderm to keep the Fentanyl patches in place. He is working. Treatment to date has included diagnostic studies, medications, physical therapy, and massage, use of a Transcutaneous Electrical Nerve Stimulation unit, stretching, home exercises, activity modification, and ice. Current medications include Fentanyl, Norco, Alprazolam, Soma, topical analgesics. The Request for Authorization dated 10-29-2015 includes Alprazolam, Norco, Fentanyl and Tegaderm patches. On 11-05-2014 Utilization Review non-certified the request for Tegaderm 4x6 cm to cover Fentanyl patch #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegaderm 4x6 cm to cover Fentanyl patch #20: 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 http://www.nexcare.com/wps/portal/3M/en_US/NANexcare/Nexcare/ProductCat/~/Nexcare-Tegaderm-Waterproof-Transparent-Dressing?N=4326+3294631802&rt=rud.

Decision rationale: The MTUS guidelines and ODG do not address the use of tegaderm. Per MTUS guidelines, tegaderm is a transparent, waterproof dressing. Tegaderm was requested to cover Fentanyl patches. In this case, the request for Fentanyl patches was not supported, therefore, there was no indication for the use of tegaderm. The request for Tegaderm 4x6 cm to cover Fentanyl patch #20 is not medically necessary.