

Case Number:	CM14-0203163		
Date Assigned:	01/06/2015	Date of Injury:	07/17/2002
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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: Texas, Ohio, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 17, 2002. In a Utilization Review Report dated July 17, 2002, the claims administrator conditionally denied a request for cognitive behavioral therapy and denied a request for Tegaderm film. The claims administrator stated that the Tegaderm film was not covered in the MTUS and thus, in effect, stated that it was denying the request for Tegaderm film on the grounds that Tegaderm film was discussed in MTUS. No guidelines were cited to deny the request for Tegaderm. The applicant's attorney subsequently appealed. On December 10, 2014, the applicant reported ongoing complaints of low back pain, 4/10. The applicant was using oxycodone, fentanyl, and tramadol, it was suggested. The applicant stated that he was losing some fentanyl patches owing to frequent sweating because the patches were not adhering properly. The applicant also stated that he had a robbery in his home in December 2011 resulting in his losing some fentanyl patches. The applicant was still smoking. The applicant had issues with hypertension, depression, and obesity. Duragesic, Effexor, Lidoderm, and Tegaderm were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Tegaderm film #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Duragesic Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Tegaderm film, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider should "discuss the efficacy of medication for the particular condition" for which it is being employed. Here, the requesting provider stated that the Tegaderm film was being employed to overlay Duragesic patches so as to ensure that said Duragesic patches adhere properly. The attending provider stated that the applicant had experienced issues with sweating which was resulting in the Duragesic patches falling off. The Food and Drug Administration (FDA) Duragesic Medication Guide does acknowledge that adhesive foam dressing such as the Tegaderm agent at issue can be employed to facilitate adhesion of Duragesic patches. Therefore, the request for Prescription of Tegaderm film #15 is medically necessary.