

Case Number:	CM15-0051795		
Date Assigned:	03/25/2015	Date of Injury:	09/01/1999
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/19/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 66 year old female, who sustained an industrial injury on 9/1/99. The injured worker has complaints of bilateral neck pain, right worse than left, lower worse than upper radiating to the right scapula; bilateral forearm pain along ulnar aspect and numbness and hand and bilateral 3rd and 5th digits. The diagnoses have included cervical radiculopathy; status post cervical fusion; cervical post-laminectomy syndrome; cervical disc protrusion; cervical stenosis and cervical degenerative disc disease. The documentation noted on 1/21/15 the previous urine drug screen was consistent. She is on an up-to-date pain contract. Treatment to date has included release of left carpal tunnel on 11/16/06; physical therapy; injections and medications. The requested treatment is for tegaderm patch # 1 box to help the fentanyl patch stick to the patient and not fall off.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegaderm patch #box: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65, 78, 86.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Up To Date : Peripheral Venous Access in Adults, Local treatment of burns: Topical antimicrobial agents and dressings Basic principles of wound management 2. http://solutions.3m.com/wps/portal/3M/en_US/3MC3SD/Wound-Care/Brands/Tegaderm/.

Decision rationale: CA MTUS and ODG are silent on the use of Tegaderm to aid in the adherence of Fentanyl patches. According to UP To Date and to the Tegaderm information website, Tegaderm is an occlusive dressing indicated for use for intravenous line site protection, post-operative dressing and wound dressing. It is not medically indicated to aid in the adherence of topical medication delivery systems such as Fentanyl. The request is not medically indicated and is denied.