

Case Number:	CM14-0140316		
Date Assigned:	09/10/2014	Date of Injury:	10/18/2007
Decision Date:	05/14/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/29/2014

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: New Jersey

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 69 year old male, who sustained an industrial injury on 10/18/2007. He reported a fractured rib, striking his head and injuries to his neck and right shoulder after falling from a platform. Diagnoses have included chronic neck pain, cervical fusion and right shoulder pain. Treatment to date has included surgery, physical therapy, cervical epidural steroid injection and medication. According to the progress report dated 6/9/2014, the injured worker complained of neck pain rated 8/10 on the visual analog scale (VAS). He also complained of right shoulder pain rated 6/10. Physical exam revealed mild to moderate tenderness to palpation along the cervical paraspinal muscles. The treatment plan was to refill Duragesic patches and refill Tegaderm patches to apply over the Duragesic to ensure adhesiveness. Authorization was requested for one box of Tegaderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegaderm Patches 1 Box: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Guidelines do not address using Tegaderm or any other adhesive to be used with Duragesic patches. In the case of this worker, the Tegaderm patches were being used to help the Duragesic patches adhere more fastly to the skin. However, no guidelines are available to help guide decision making in this situation. There was no documentation found in the notes which explained why Tegaderm patches were necessary over any other superficial adhesive patch or tape, which might be less expensive and commonly available without a prescription. Therefore, there is no clear medical necessity for the Tegaderm.