

Case Number:	CM14-0159009		
Date Assigned:	10/02/2014	Date of Injury:	03/20/2010
Decision Date:	07/03/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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: North Carolina

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 26 year old female, who sustained an industrial injury on 03/20/2010. She has reported injury to the low back. The diagnoses have included lumbago; lumbar or lumbosacral disc degeneration; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; and lumbar facet syndrome. Treatment to date has included medications, diagnostics, physical therapy, and home exercise program. Medications have included Ibuprofen, Fentanyl Patch, Norco, and Miralax. A progress note from the treating physician, dated 08/25/2014, documented a follow-up visit with the injured worker. The injured worker reported pain in the lower back; pain is rated as 5 on a scale of 0 to 10; pain is rated as 3 on a scale of 0 to 10 with medications; medications allow for improved function; reports back pain with muscle spasms and weakness; she is performing her home exercise program; and quality of her life is improved and she is able to perform activities of daily living with the medications. Objective findings have included lumbar spine range of motion is limited due to pain; and straight leg raising test is positive on the right side. The treatment plan has included the request for Tegaderm 1.75 x 1.7 inches, apply over patch every 48 hours, #15 refill 5; and Ibuprofen 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegaderm 1.75x1.7 Inches app over Patch q 48hrs #15 ref 5: 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 PDR, tegaderm.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference state Tegaderm is an adhesive covering for chronic wounds, catheter insertion sites or IV insertion sites. The provided clinical documentation does not indicate usage as outlined per the PDR and therefore the request is not medically necessary.

Ibuprofen 800mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) This medication is recommended for the shortest period of time and at the lowest dose possible. The shortest period of time is not defined in the California MTUS. The requested medication is within the maximum dosing guidelines per the California MTUS. Therefore the request is medically necessary.