

Case Number:	CM14-0159045		
Date Assigned:	10/02/2014	Date of Injury:	03/20/2010
Decision Date:	03/02/2015	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 a work related injury March 20, 2010. Past medical history included diagnoses of GERD and hypertension. In an evaluation performed March 10, 2014, the treating pain management physician documents an MRI of the lumbar spine performed October 6, 2010, revealed minimal right posterolateral disc bulge at L5-S1, slightly narrowing the anterior-inferior right neural foramen without gross encroachment of the L5 nerve root; mild dextro curvature of the lumbar spine and normal asymmetry of the paravertebral vascular struction, dominant on the left. An orthopedic follow-up dated February 18, 2014, revealed she had a discogram (12/12/2013 report in current medical record) and that the bottom three levels are irregular. The L4-L5 and L5-S1 discs have a lot of pain in them when she was injected in and pressurized. A CT lumbar spine post discogram revealed right posterior lateral radial tear at L5-S1. The most recent evaluation present in this case file is from treating pain medicine physician dated May 5, 2014. The injured worker presented for a follow-up appointment with complaints of low back pain. She stated her pain is controlled with medication although standing and bending slightly while washing dishes is very painful. The pain is rated 7/10 and with Fentanyl 3-5/10. Norco aids in breakthrough pain. Physical examination reveals the injured worker is 5 feet 8 inches and 204 pounds. Range of motion of the lumbar spine is restricted with flexion limited to 90 degrees due to pain, extension limited to 15 degrees lateral rotation left and right 45 degrees. Gaenslen's negative and lumbar facet loading negative on both sides. Straight leg raise test is positive on the right side in sitting at 45 degrees and FABER test is negative. All lower extremity reflexes are equal and symmetric. Diagnoses are documented as

lumbar or lumbarsacral disc degeneration, lumbago, thoracic or lumbosacral neuritis or radiculitis not otherwise specified and lumbar facet syndrome. Treatment plan documented as renewal of medications including Tegaderm 1.75 x 1.75 Dressing 1 x 1 apply over patch (Fentanyl) every 48 hours QTY: 15 refills 5. There are no other diagnostic test results, x-ray or MRI reports present in this case file. Work status is documented as temporarily totally disabled, unchanged from last visit. According to utilization review performed September 17, 2014, the requests for Norco and Miralax powder have been certified. The request for Tegaderm 1.75 x 1.75 inches dressing 1 x 1 app over patch every 24 hours #30, refills 5, is non-certified. CA MTUS, ACOEM, and ODG do not address the request and an alternate guideline is cited; <http://www.ncbi.nlm.nih.gov/pubmed/2891758> This request is an adjunct to current use of Fentanyl Patches. Documentation submitted for this review does not clarify medical necessity for the request or prior difficulty with the use of fentanyl patches, therefore, the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegaderm 1.75 x 1.75 inches dressing 1 3/4 x 1 3/4, applied over patch every 24hrs #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article Tegaderm Dressings Prevent Recolonization of Chlorhexidine-Treated Skin. J. Hosp Infect. 1987 Nov; 10(3):287-91

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 490-491.

Decision rationale: Tegaderm is a transparent medical dressing with an adhesive film frame. The Tegaderm dressing has been requested to keep the Fentanyl patches in place. There are no medical guidelines that support this product. ACOEM Practice Guidelines has the following regarding evidence based medicine on page 491. Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients. Tegaderm is an over the counter dressing. The treating physician has not provided any discussion regarding the medical necessity of Tegaderm. In addition, the Utilization review dated 9/17/14 denied the request for Fentanyl patches; therefore, the patient would not need the dressing to secure the Fentanyl patches. The requested Tegaderm patch is not medically necessary.