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| Case Number: | CM14-0087105 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 07/22/1998 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 06/10/2014 |

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 48 year old male who sustained an industrial injury on 7/22/1998. His diagnoses, and/or impressions, are noted to include: carpal tunnel syndrome; lumbosacral degenerative disc and joint disease; lumbar osteoarthritis; dysesthesia; myofascial neck and shoulder pain; cervical spine stenosis; piriformis syndrome (sciatica neuritis); neuralgia; neurogenic bladder; and hypogonadism. No current magnetic imaging studies were noted. His treatments have been many and most recently include chronic pain medication management, to include medical marijuana, which provides him with a 50% improvement in his severe, chronic pain, his activities of daily living, and in his ability to sleep. His history notes multiple surgeries (left shoulder, thoracic laminectomy and cervical fusion), and the implantation of a Medtronic pain pump in 2001, with the removal of this pump in 2010; also noted is that he would be bedridden without his medication regimen. The progress notes of 5/1/2015 noted that this injured worker is new to this pain management Doctor (as of 3/27/14), after seeing his previous pain management Doctor since his 1999, and because that Doctor closed his practice, referring this injured worker to this practice for continued pain management care of his: neck; lumbar spine; right lower extremity with "AFO" after sciatic decompression; left lower extremity parasthesias after pump granuloma; pump removal (2010) after prialt failure; cervical spine; and medication management since 1999. He was seen in follow-up for pain management treatments, expressing he was almost completely weaned off of Xanax, and that his current medication regimen provided him significant improvement with his pain, allowing for him to succeed in his activities of daily living; and that his carrier wants him to decrease or stop his opioid medications

for which he cannot begin to mention how that would affect his life. This was stated to have been a conversation he had previously with his previous pain management Doctor as well. He reported chronic pain, industrial, affecting his trunk, lumbar spine, right lower extremity, and the right knee. The physician's requests for treatments were noted to include boxes of Tegaderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegaderm 4 x 4, #10 (w/5 Refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl patches Page(s): 60, 61.

Decision rationale: Guidelines do not support use of Tegaderm and there is no mention of the need for additional film to keep fentanyl patches in place. In this case, there is no noted clinical necessity documented in the clinical records that would indicate an exception in the absence of guideline support. The request for Tegaderm 4x4 #10 with five refills is not medically appropriate and necessary.