

Case Number:	CM15-0175116		
Date Assigned:	09/16/2015	Date of Injury:	04/11/2012
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/04/2015

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 57 year old male, who sustained an industrial injury on 4-11-12. He reported injuries to his face, abdomen, and hip. The injured worker was diagnosed as having reflex sympathetic dystrophy of the lower extremities, myofascial pain syndrome, and peripheral neuropathy. Treatment to date has included emergency abdominal repair surgery, placement of a spinal cord stimulator, physical therapy, TENS, lumbar sympathetic injections, psychological treatment, and medication including Lidoderm patches. Currently, the injured worker complains of groin pain, abdominal pain, left lateral thigh pain, left inner thigh pain, and intermittent left leg pain. On 7-29-15, the treating physician requested authorization for Tegaderms 6x6 #60. On 8-14-15, the request was non-certified; the utilization review physician noted "the requested supplies are documented to enable the patient's prescribed Lidoderm patches to adhere and be more effective. However, the request for Lidoderm is non-certifiable. Therefore, the request for Tegaderm 6x6 #60 is non-certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegaderm 6x6 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 13th Edition (web) 2015 Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Up To Date, Basic principles of wound management, David G Armstrong, DPM, MD, PhD, Andrew J Meyr, DPM, Literature review current through September 2015.

Decision rationale: CA MTUS and ODG are silent on the use of Tegaderm. Tegaderm is an occlusive dressing typically used in wound management. It is requested in this case to assist in helping Lidoderm patches stay attached. The record documents that the claimant has repeatedly had trouble with non-adherence of lidocaine patches and that Tegaderm corrects this problem. It documents that without the Tegaderm, pain control is inadequate. Tegaderm is medically indicated in this case if Lidoderm is also indicated; however the Lidoderm patches have been non-certified and therefore Tegaderm patches are not medically necessary.