

Case Number:	CM13-0002333		
Date Assigned:	11/08/2013	Date of Injury:	12/07/2012
Decision Date:	12/10/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/22/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old male patient who sustained a work related injury on 12/7/2012. He sustained the injury while conducting early caninerecertification consisting of three days of arduous and physically demanding tests and Training, he developed pain in his right shoulder. The diagnosis includes right shoulder labral tear (posterior SLAP type VIII). Per the doctor's note dated 4/8/13, patient had mechanical symptoms and pain involving his right shoulder. He had difficulty with overhead activities, difficulty with activities of daily living and occasional difficulty sleeping at night due to the pain and he had associated weakness involving his right arm. Physical examination of the right shoulder revealed tenderness of the subacromial bursal space, shoulder girdle musculature, positive Neer and Hawkins impingement sign and positive O'Brien's testing; Forward flexion and abduction of 160 degrees with pain beyond this and internal rotation to the SI joint with pain beyond this. The medication list was not specified in the records provided. He has had MRI of the right shoulder dated 1/11/2013 which revealed posterior SLAP lesion type A with os acromiale. He has undergone left knee arthroscopy on 10/24/2008. Patient has been authorized for right shoulder surgery on 3/11/13. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PUMP POST-OP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder section, Updated 6-12-2013

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-52. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Shoulder (updated 10/31/14) Postoperative pain pump

Decision rationale: Per the cited guidelines regarding Implantable drug-delivery systems (IDDSs)"Recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (for which a pump would be used), although IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies...."In addition per the ODG cited above post operative pain pump is "Not recommended. Three recent moderate quality RCTs did not support the use of pain pumps. ...There is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or postoperative pain control using oral, intramuscular or intravenous measures. (Barber, 2002) (Quick, 2003) (Harvey, 2004) (Cigna, 2005) (Cho, 2007)Recent studies: Three recent RCTs did not support the use of these pain pumps. This study neither supports nor refutes the use of infusion pumps. (Banerjee, 2008) This study concluded that infusion pumps did not significantly reduce pain levels. (Cicccone, 2008) This study found no difference between interscalene block versus continuous subacromial infusion of a local anesthetic with regard to efficacy, complication rate, or cost. (Webb, 2007)...." Therefore there is no high grade scientific evidence to support pain pump for this diagnosis. Failure of oral pharmacotherapy for pain was not specified in the records provided. The medical necessity of pain pump post-op was not fully established for this patient.