

Case Number:	CM13-0005490		
Date Assigned:	03/21/2014	Date of Injury:	12/28/2001
Decision Date:	04/23/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/01/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management And is licensed to practice in California. 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 patient with a date of injury of December 28, 2001. A utilization review determination dated July 5, 2013 recommends noncertification of 3 pump refills. Noncertification is recommended due to lack of documentation of pain relief and functional improvement as a result of intrathecal pump therapy, as well as a lack of clarity regarding why the patient continues to use oral pain medication in addition to the intrathecal pump medication. A progress report dated September 11, 2012 indicates that the patient has an intrathecal pump in place which provides good pain relief. The pump has previously been managed by a different physician who has recently retired and presents for continuity of care. The note indicates that the patient is receiving a simple continuous infusion of the allotted 10 mg/ml. due to complaints of difficulty with muscle spasm; therefore, Baclofen 5 mg/ML was added to the intrathecal infusion. A progress report dated October 8, 2012 indicates that the dosage of primary medication is Dilauded 0.899 mg/day. A progress report dated July 22, 2013 indicates that intrathecal pump refills were denied by the industrial insurance carrier. The note indicates the lumbar surgical procedures that the patient has undergone. The note states that the patient continues to use Xanax, Cymbalta, and a transdermal patch for nausea plus Zofran. The patient complains of low back pain which radiates down the lower extremities. Physical examination identifies a lumbar incision which is healed well from pump placement with no signs of infection. Diagnoses include degenerative disc disease in the lumbar and surgical spine, status post lumbar fusion. The current treatment plan recommends ongoing follow-up with his pain management physician and continue Xanax, Zofran, Cymbalta, Baclofen, and Dilauded.

IMR ISSUES, DECISIONS AND RATIONALES

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

PUMP REFILL #3 [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52.

Decision rationale: Regarding the request for pump refill, California MTUS, ACOEM, and ODG do not contain criteria for pump refills. Chronic Pain Medical Treatment Guidelines do have criteria for the implantation of drug delivery systems. Drug delivery systems are recommended as an end-stage treatment alternative for patients with specific conditions including chronic severe low back pain or failed back surgery syndrome. Within the documentation available for review, the patient clearly has a diagnosis of failed back surgery syndrome. Additionally, the patient is receiving intrathecal dilaudid and baclofen. The dilaudid is being used for pain control, and the baclofen is being used to address spasticity. The abrupt cessation of either of these medications will result in withdrawal effects, and could potentially result in death (specifically with baclofen). Regarding the use of ongoing narcotic analgesic medication, guidelines recommend documentation of analgesic effect, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. It is acknowledged that there is no clear documentation of analgesic efficacy or objective functional improvement as a result of the intrathecal drug therapy. However, it seems reasonable to continue the current intrathecal pump therapy to allow the requesting physician time to document those issues. The abrupt cessation of intrathecal opiates and baclofen therapy would be medically unsafe at best and possibly fatal at worst. Therefore, the currently requested pump refill is medically necessary.