

Case Number:	CM13-0010857		
Date Assigned:	11/08/2013	Date of Injury:	12/14/2008
Decision Date:	01/27/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, 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 physician 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:

The patient is a 55 year old who reported an injury on 12/14/08; the mechanism of injury was not provided in the medical record. The most recent clinical note dated 9/17/13 reported the patient continued to have pain 7/10, no motor or sensory deficits noted, and forward flexion and back extension were somewhat uncomfortable. The patient had stopped taking Methadone, Soma, and Trazodone, and decreased his Alprazolam dose significantly. There was discussion of referral for hardware removal, due to the possibility of the hardware being the cause of the patient's pain. Refills for Oxycodone IR 30mg 1-2 every 4 hours, Xanax 0.25mg 1 at bedtime, Oxycontin 40mg 3 times a day, and AndroGel 1% topically 4 times a day were given. The physician will initiate a slow taper of the patient's opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

opioid pump trial: 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 Page(s): 52-54.

Decision rationale: The California MTUS states that implantable drug-delivery systems are recommended only as an end-stage treatment alternative for selected patients for specific conditions, and after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Indications for implantable drug-delivery systems include: treatment of primary liver cancer (intrahepatic artery injection of chemotherapeutic agents); metastatic colorectal cancer where metastases are limited to the liver (intrahepatic artery injection of chemotherapeutic agents); head/neck cancers (intra-arterial injection of chemotherapeutic agents); or severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen (Lioresal®) therapy (intrathecal injection of baclofen). The documentation submitted indicated the patient was able to tolerate oral medications without complication or adverse reactions. The patient is not noted to have any of the indications for implantable drug-delivery systems per California MTUS Guidelines. As such, the request for opioid pump trial is non-certified.