

Case Number:	CM13-0015368		
Date Assigned:	09/23/2013	Date of Injury:	10/24/2002
Decision Date:	01/15/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/22/2013

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 Pain Management and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 female who is reported to being seen by chronic pain management for persistent neck pain radiating over the left shoulder girdle and the left side for mid back. The clinical note dated 07/30/2013 reported the patient continued to complain of pain in the back of her neck on the left side of her shoulder. She is also reported to complain of pain at the pump site. She is noted to be on an intrathecal drug delivery system as well as taking morphine sulfate 2 to 3 times per day. The patient is reported to continue to complain of constipation which was a severe problem for her. She is noted to be walking some but felt she got a great majority of her pain control with the Flector patch as well as the pump. She was reported to be trying to use less oral medications due to her severe constipation. She was noted to be able to sit for 5 to 15 minutes, stand for 5 to 15 minutes, and her sleep was noted to be disturbed ever 35 to 45 minutes. The patient is noted to have assistance for activities of daily living. On physical examination, the patient is noted to be alert, oriented with no apparent distress. She was smiling. Her mood was common participative. She had baseline grooming. Her speech was clear without sedation. Her gait was erect and independent. The pump in the left lower quadrant was out without erythema or swelling with positive tenderness of the inferior medial aspect of the pump. Pump refill under ultrasound guidance was performed to ensure no pocket filled. A request was made for a catheter evaluation under fluoroscopy as required prior to pump replacement to evaluate the patency of the catheter. A request was also made for pump replacement and pocket revision as the end of life for the device was under 11 months and she was tender at the pocket. The patient is noted to have had her pump refilled with 20 cc of fentanyl 3000 mcg/cc and clonidine 120 mcg/cc. The simple continuous program was maintained at 15 mcg/day

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 refill and reprogramming pump of pump with 20cc of Fentanyl 3000mcg per cc Clonidine 120 mcg per cc: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs), page(s) 52-53. Opioids Page(s): and 78.

Decision rationale: