MAXIMUS Federal Services

Case Number:	CM13-0018389		
Date Assigned:	01/15/2014	Date of Injury:	01/19/1990
Decision Date:	04/11/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/29/2013

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 Emergency 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:

Patient with date of injury on 1/19/1990. No mechanism of injury provided. Diagnosis of failed back surgery with low back pain and lower extremity pain, poor function due to pain, intratheral/oral opioids and disabled. Records from pain clinic reviewed. Only single note on 7/30/13 from pain specialist and nurse practitioner provided. Pt complaining of low back and groin pain. Uses wheelchair due to pain but able to functional independently and able to stand and walk for 0-1minute. Note mentions pain is 6-9/10. Objective exam only mentions "independent gait" and normal left lower abdominal pump pocket and L flank catheter tract that was normal. Patient had intraspinal infusion pump placed unknown time ago. Note mentions that patient has mod-poor pain control and they are planning to change patient to intrathecal dilaudid in the future. Note from 7/30/13 notes a refill of the intrathecal pump with fentanyl 6000mcg/ml, clonidine 40mcg/ml and baclofen 100mcg/ml. No noted abnormal behavior on record. Ultrasound exam of pump pocket from 7/30/13 reveals normal pump and catheter position with no fluid. No other imaging or tests provided. Patient's last medication list from 7/2/13 list ibuprofen, morphine, valium, senakot, lexapro, furosemide, potassium and multivitamin. However, note from 7/30 states that patient is apparently on oral dilaudid. Utilization review is for prescription for Baclofen and Fentanyl. Dose of requested in provided documentation; medication is for refill of infusion pump done on 7/30/13. Last pump updated with current dose on 7/30/13. Fentanyl with 2800.7mcg/day basal infusion, bolus of 129.9mcg every 2hrs as needed with maximum 9bolus and maximum total daily dose of 3809mcg/day. Compounded Baclofen with 46.68mcg/day basal infusion, bolus of 2.17mcg every 2hrs as needed with maximum 9bolus and maximum total daily dose of 63.48mcg/day. Patient is receiving Clonidine intrathecally as well but that is not part of this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

prescription of Baclofen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug delivery systems (IDDS) for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug delivery systems (IDDS) Page(s): 52-54.

Decision rationale: Patient has severe chronic back pains and is currently already on, Clonidine, Baclofen and Fentanyl intrathecally. As per MTUS Chronic pain guidelines, Intrathecal Baclofen has evidence of decreasing muscle spasms. Patient is already on it and documentation reveals some improvement in spasms. There is no noted side effects. As per MTUS guidelines, refill of intrathecal Baclofen on 7/30/13 is medically necessary.

prescription of Fentanyl: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug delivery systems (IDDS) for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug delivery systems (IDDS) Page(s): 52-54.

Decision rationale: Patient has severe chronic back pains and is currently already on Clonidine, Baclofen and Fentanyl intrathecally. Patient met criteria for intrathecal infusion pump for back pain and is doing moderately well on Fentanyl infusion with plans for changing to another medication under close monitored supervision. Cross referencing Opioid guidelines in the MTUS Chronic pain section, patient meets criteria for documentation for chronic opioid therapy with documentation of the "4 As" of analgesia, activity of daily living, adverse events and aberrant behavior in chronic use of opioids. Refill of intrathecal Fentanyl on 7/30/13 is medically necessary.