MAXIMUS Federal Services

Case Number:	CM13-0018917		
Date Assigned:	12/04/2013	Date of Injury:	08/02/1995
Decision Date:	02/04/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 63 year-old male with injury date on 8/2/95. The UR determination is from 7/12/13 and based on the 6/20/13 medical report, and recommends denial of intrathecal pump refills, intrathecal pump maintenance through December 2013, intrathecal pump re-programs (x10) through December 2013, Diazepam, Dilaudid, and Oxycontin. [redacted] the requesting provider and has provided treatment reports from 8/30/13-11/15/13. The 6/20/13 medical report was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

intrathecal pump prialt refills (x10): 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 Intrathecal drug delivery systems, medications Page(s): 54-55.

Decision rationale: The UR decision was based on the 6/20/13 medical report from [redacted] Unfortunately, this report was not available for this IMR. There are no medical reports prior to 8/30/13, and no discussion of prior failure of intrathecal morphine or hydromorphone. There was

no discussion of potential benefits versus risk of serious neuropsychiatric adverse effects. MTUS guidelines for Prialt states: "Recommended for use after there is evidence of a failure of a trial of intrathecal morphine or hydromorphone (Dilaudid), and only in individuals for whom the potential benefits outweigh the risks of serious neuropsychiatric adverse effects." From the available documentation, the MTUS criteria for use of Prialt has not been met. It does not appear to be in accordance with the guidelines.

intrathecal pump maintenance through December 2013: 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 Implantable drug-delivery systems (IDDSs), Page(s): 52-54.

Decision rationale: The MTUS guidelines for refills states: "Refills: IDDSs dispense drugs according to instructions programmed by the clinician to deliver a specific amount of drug per day or to deliver varying regimens based on flexible programming options, and the pump may need to be refilled at regular intervals. The time between refills will vary based on pump reservoir size, drug concentration, dose, and flow rate. A programming session, which may occur along with or independent of a refill session, allows the clinician to adjust the patient's prescription as well as record or recall important information about the prescription. (Hassenbusch, 2004) " Periodic refills and reprogramming would be necessary for the time that the patient has the IDDS. However, I have been provided reports through 11/15/13, and see that the patient had the Intrathecal pump explant on 10/21/13. The intrathecal pump maintenance is not necessary after the pump was removed. The IMR request is for maintenance through December 2013 and IMR regulations do not allowed modification to offer partial certification. Intrathecal pump maintenance is not necessary after 10/21/13, so the whole IMR request for pump maintenance through December 2013 is not necessary.

Diazepam: 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 benzodiazepines Page(s): 24.

Decision rationale: MTUS guidelines do not recommend use of benzodiazepines over 4 weeks. The 9/6/13 lab reports shows positive for benzodiazepines and they appear to have been requested throughout Sept. and October 2013. The UR letter states they were being used over 90 days. The request for continued use of Diazepam is not in accordance with MTUS guidelines.

Dilaudid: 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 Long-term Opioid use Page(s): 88-89.

Decision rationale: The 6/20/13 medical report was not available for IMR, and no reports from July 2013 were available. The earliest report available is the 8/20/13 report from [redacted], there is no assessment of pain, or efficacy of medications. According to the 7/15/13 UR letter, the patient was apparently taking oral medications hydromorphone and oxycodone and the physician was still recommending increasing the intrathecal pump dosage 25%. The medications and intrathecal pump combination did not appear to be of benefit and the intrathecal pump was removed on 10/21/13. MTUS reporting requirements include: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." There was no pain scale provided, or comparison of pain levels with or without oral medications. MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" I could not see, in the available records where the oral medications (oxycodone or Dilaudid) caused a decrease in pain, or increased function or improved quality of life. MTUS does not recommend continuing medications without a satisfactory response.

Oxycontin: 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 Long-term Opioid use Page(s): 88-89.

Decision rationale: The 6/20/13 medical report was not available for IMR, and no reports from July 2013 were available. The earliest report available is the 8/20/13 report from [redacted], there is no assessment of pain, or efficacy of medications. According to the 7/15/13 UR letter, the patient was apparently taking oral medications hydromorphone and oxycodone and the physician was still recommending increasing the intrathecal pump dosage 25%. The medications and intrathecal pump combination did not appear to be of benefit and the intrathecal pump was removed on 10/21/13. MTUS reporting requirements include: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." There was no pain scale provided, or comparison of pain levels with or without oral medications. MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" I could not see, in the available records where the oral medications (oxycodone or Dilaudid) caused a decrease in pain, or increased function or improved quality of life. MTUS does not recommend continuing medications without a satisfactory response.