

<b>Case Number:</b>	CM13-0024759		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 and Pain Management, 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:

This a 48-year-old male with injury from 2/10/12. The diagnosis is Left shoulder impingement, RC tendinitis, Biceps tendinitis. The request for post-operative pain pump was denied by [REDACTED] UR letter from 8/26/13. The rationale was that (ODG) Official Disability Guidelines did not recommend postoperative pain pumps with insufficient evidence to conclude that direct infusion is as effective as conventional postoperative pain control using oral, (IM) Intramuscular or (IV) Intravenous measures. [REDACTED] issued a report on 6/12/13 stating that adequate pain management following surgery is achieved via IV, IM or oral administration of narcotics. Due to risks of side effects with systemic narcotic analgesics, direct instillation of local anesthetics into operative sites has been recommended. He then provided (FDA) Federal Drug Administration information, literature review concluding that postoperative delivery of analgesia by ambulatory infusion was effective

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative block for pain with pump:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Post-operative Pain Pump

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines, Section on Post-Operative Pain Pump

**Decision rationale:** tendinitis. Surgery of the shoulder has been proposed and the treater has asked for post-operative pain control with an ambulatory pain pump. He has provided an extensive list of literature to support this type of post-operative pain control. However, the state of CA recognizes MTUS, ACOEM and if inadequate, other guideslines such as ODG. MTUS and ACOEM do not address this issue. ODG guidelines do not support post-operative pain pumps. In it's review of 3 RCT's support was not found. Therefore the request for Post operative block for pain with pump is not medically necessary or appropriate .