

Case Number:	CM13-0052331		
Date Assigned:	12/27/2013	Date of Injury:	04/04/1990
Decision Date:	03/19/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/15/2013

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 Pain Medicine and is licensed to practice in Texas. 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 60 year old male who reported an injury on 04/04/1990. The mechanism of injury was not provided for review. The patient ultimately developed complex regional pain syndrome of the upper and lower extremities. He underwent intrathecal pain pump implantation. The patient's most recent clinical evaluation documented limited cervical spine range of motion, tenderness over the bilateral trapezius musculature. The patient had pitting edema of the bilateral legs and hyperpigmentation of the skin distal to the knees with hypersensitivity of the bilateral legs. The patient had full thickness ulceration to the left shin. The patient underwent a left stellate ganglion block and reprogramming of the intrathecal pump in 12/2013. A request was made for a pump refill for the year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pump refill for the year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Implantable drug-delivery systems, Page(s): 52, 60.

Decision rationale: The requested pump refill for the year is not medically necessary, nor appropriate. California Medical Treatment Utilization Schedule recommends the use of medications in the management of chronic pain be supported by a quantitative assessment of pain relief and documentation of functional benefit. The clinical documentation submitted for review does not clearly identify any functional benefit related to the patient's pain pump. Additionally, the clinical documentation fails to provide an assessment of pain relief to support continued use of this treatment modality. As such, the requested pump refill for the year is not medically necessary or appropriate.

Morphine 30 mg/ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Implantable drug-delivery systems Page(s): 52, 60.

Decision rationale: The requested morphine 30 mg/ml is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of medications in the management of chronic pain be supported by a quantitative assessment of pain relief and documentation of functional benefit. The clinical documentation submitted for review does not clearly identify any functional benefit related to the patient's pain pump. Additionally, the clinical documentation fails to provide an assessment of pain relief to support continued use of this treatment modality. As such, the requested morphine 30 mg/ml is not medically necessary or appropriate.

Bupivacaine 12mg/ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Implantable drug-delivery systems.

Decision rationale: The requested Bupivacaine 12mg/ml is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of medications in the management of chronic pain be supported by a quantitative assessment of pain relief and documentation of functional benefit. The clinical documentation submitted for review does not clearly identify any functional benefit related to the patient's pain pump. Additionally, the clinical documentation fails to provide an assessment of pain relief to support continued use of this treatment modality. As such, the requested Bupivacaine 12mg/ml is not medically necessary or appropriate.

Clonidine 300mcg/ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Implantable drug-delivery systems.

Decision rationale: The requested clonidine 300mcg/ml is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of medications in the management of chronic pain be supported by a quantitative assessment of pain relief and documentation of functional benefit. The clinical documentation submitted for review does not clearly identify any functional benefit related to the patient's pain pump. Additionally, the clinical documentation fails to provide an assessment of pain relief to support continued use of this treatment modality. As such, the requested clonidine 300mcg/ml is not medically necessary or appropriate.

Office Visits for the year (12 visits) with pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits

Decision rationale: The requested office visits for the year, 12 visits with pain management is not necessary or appropriate. The clinical documentation does indicate that the patient is on medications that require regular monitoring. Official Disability Guidelines recommend regular evaluation and management of patients with chronic conditions that are on medications that require regular assessment. However, the need for a total of 12 visits cannot be determined without documentation of the need of ongoing management at each visit. As such, the requested office visits for the year, 12 visits, with pain management is not medically necessary or appropriate.