

Case Number:	CM13-0056325		
Date Assigned:	12/30/2013	Date of Injury:	06/08/2000
Decision Date:	05/06/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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 injured worker is a 43-year-old female who reported an injury on 06/08/2000. The mechanism of injury was not provided. The clinical documentation indicated the injured worker has a baclofen pump utilized to treat the injured worker's chronic pain which included bilateral arms and legs. The examination of 11/05/2013 revealed dysesthesias and allodynia in all 4 extremities with no cyanosis and the injured worker was able to ambulate independently. The injured worker had appointments that were recurring at regular intervals of approximately every 1 to 2 months for refills of the pain pump. The injured worker was seen most recently on 11/19/2013 for a routine pump refill. The diagnosis included complex regional pain syndrome of the upper and lower extremities, status post intrathecal pump implant, opioid induced constipation, and medication induced sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PAIN PUMP REFILL TIMES TWELVE FOR THE LUMBAR SPINE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
IMPLANTABLE DRUG-DELIVERY SYSTEMS (IDDSs), REFILLS OF MEDICATION
Page(s): 52,53.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that the time between refills will vary based on pump reservoir size, drug concentration, dose, and flow rate. The clinical documentation submitted for review indicated the injured worker had appointments that were recurring at regular intervals of approximately every one to two months for refills of the pain pump. There was a lack of documentation indicating the necessity for twelve refills. There was a lack of documentation indicating when the pump was placed and the request as submitted failed to indicate the frequency at which the refills were being requested. Given the above, the request for outpatient pain pump refills times twelve for the lumbar spine is not medically necessary.