

Case Number:	CM13-0061297		
Date Assigned:	04/02/2014	Date of Injury:	02/12/2007
Decision Date:	05/26/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/04/2013

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 and Rehabilitation 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 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 55-year-old male with an industrial date of injury on February 12, 2007. The patient has chronic low back pain with radiation to the bilateral lower extremities. There is a history of lumbar fusion in 2004 and hardware removal on October 21, 2005. The patient is taking numerous medications including Wellbutrin, Tizanidine, Fluoxetine, Lunesta, Senna, and Omeprazole. Additionally there is degenerative disc disease, fibromyalgia, neuralgia, thoracic and lumbosacral radiculitis, and carpal tunnel syndrome. The disputed issue is a request for intrathecal pump refills at approximately every 6 weeks. A utilization review determination had recommended modifying this request for intrathecal pump refills up to 3 refills only. The stated rationale included that "medical practice standard of care supports up to 3 refills visits in order to monitor the patient's progress and make any necessary modifications to the treatment plan."

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRATHECAL PUMP REFILLS EVERY 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IDD Page(s): 52-54.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pages 52-54 state the following regarding implantable drug-delivery systems: "Recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (for which a pump would be used), although IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome." "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." In the case of this injured worker, there is documentation that the patient has an intrathecal pump which contains the allotted, Baclofen, and Clonidine. There is documentation that the pump has "greatly helped." This is documented in a primary treating physician's progress report on December 3, 2013. The patient has signed a narcotic agreement and appears to be compliant. Standard surveillance for aberrant behaviors is being undertaken by the pain management physician. The provider has checked the controlled substance utilization review program. A urine drug screen was performed on date of service November 5, 2013. Therefore, the appropriate opioid monitoring is demonstrated in this case. The main issue is the number of pump refills the patient should be authorized at the present time. Guidelines state the requested amount of refills exceeds the recommended amount in order to properly monitor and adjust the patient's treatment plan if necessary. Therefore the request is not medically necessary.