

Case Number:	CM13-0071123		
Date Assigned:	01/17/2014	Date of Injury:	05/01/1967
Decision Date:	06/03/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/26/2013

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 Illinois. 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 74 year old male with reported date of injury sometime in 1967. The injured worker has history of lumbar spinal surgery, followed by six additional surgeries including fusion instrumentation, sacroiliac joint fusions, and infections. The injured worker also has history of physical therapy, chiropractic care and injections. In 2002 the injured worker was implanted with an intrathecal morphine pump. According to the progress note dated 05/10/2013 the injured worker was placed in a skilled care facility as he had physically declined to where he was no longer able to feed, dress or bathe himself. According to progress notes dated 06/28/2013 the injured worker reported his pain scale at 8/10, with his least amount of pain at 7/10. The injured worker states he has not noticed any relief in his chronic pain from the intrathecal pump. The injured worker's medication regimen included Norco, Opana, PrazosinHCL, Fiorinal, Atorvastatin Calcium, Finasteride and Fentanyl patch 12 mcg. The request for authorization for intrathecal pain pump replacement was submitted on 12/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRATHECAL PAIN PUMP REPLACEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, WORK LOSS DATA INSTITUTE, LLC: CORPUS CHRISTI, TX; www.odgtwc.com; SECTION

ON PAIN (CHRONIC), (UPDATED 11/14/2013), INTRATHECAL PAIN PUMP REPLACEMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IMPLANTABLE DRUG-DELIVERY SYSTEMS Page(s): 52.

Decision rationale: The request for intrathecal pain pump replacement is non-certified. According to CA MTUS guidelines the implantable drug-delivery systems should be used as part of a program to facilitate restoration of function and return to activity, not just for pain reduction. According to the clinical documentation provided the injured worker has had no pain relief while utilizing the intrathecal pain pump. In addition the clinical documentation dated 05/10/2013 is clear that the injured worker has decreased in functional ability while using the IDDS. Therefore, the request for intrathecal pain pump replacement is non-certified.