

<b>Case Number:</b>	CM13-0071810		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	05/29/1992
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 59-year-old male who reported an injury on 05/29/1992; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 03/11/2014 it was noted that the injured worker reported pain while utilizing medication 3/10 and a pain rating without utilization of medication rated 8/10. The injured worker listed aggravating factors to include heat, cold, activity, standing, walking, and massage. Other treatments were noted to include nerve blocks, injections, and physical therapy. The medication list provided included morphine sulfate 13.5 mg utilized via intrathecal pump, Prozac 20 mg daily, Wellbutrin XL 150 mg daily, Senokot 8.6 mg 4 times a day, Zantac with unspecified dosage and frequency, Senna laxative 8.6 mg twice a day, Zanaflex 4 mg 4 times a day as needed, OxyContin 80 mg XR once every 8 hours, and roxycodon 30 mg 4 times a day. The physical exam revealed cervical range of motion was decreased with normal sensation of the thoracic spine. The physical exam also revealed diffuse tenderness and spasms of the lumbar spine with painful range of motion. The physical exam also revealed normal strength and motor testing in the upper and lower extremities. It was also noted by the physician that the injured worker gained functional improvement with medication that included ability to perform activities of daily living that included exercising and better sleep. Without the medication it was noted that the pain was severe, debilitating, and unbearable. The Request for Authorization was not provided within the submitted medical records

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **INTRATHECAL PUMP REFILLS X6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTRATHECAL DRUG DELIVERY SYSTEMS (IDDSS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSS) Page(s): 52-53.

**Decision rationale:** The request for intrathecal pump refills times 6 is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend implantable drug delivery systems only as an end stage treatment for selected patients for specific conditions. The guidelines further state that implantable drug delivery systems, for most patients, should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. Additionally, the guidelines state that the time between refills will vary based on pump reservoir size, drug concentration, dose, and flow rate. Within the submitted documentation the efficacy of the medication was shown through proper pain assessments that are consistent with an indication for the use of the medication along with documentation of objective functional gains; however, the request does not specify the timeframe in between the intervals in which the pump would be refilled. With the request asking for 6 sessions of pump refills the time in between could exceed the amount of time that would be deemed necessary to re-assess the patient for the efficacy of the medication. Without documentation within the request of how long the intervals are going to be in between for the refills, the request cannot be supported by the guidelines. As such, the request is not medically necessary.

## **INTRATHECAL PUMP REPROGRAMMING X3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTRATHECAL DRUG DELIVERY SYSTEMS (IDDSS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSS) Page(s): 52-53.

**Decision rationale:** The request for an intrathecal pump reprogramming times 3 is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend implantable drug delivery systems only as an end stage treatment for selected patients for specific conditions. The guidelines further state that implantable drug delivery systems, for most patients, should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. Within the submitted documentation the efficacy of the medication was shown through proper pain assessments that are consistent with an indication for the use of the medication along with documentation of objective functional gains; however, the request does not specify the timeframe in between the intervals in which the pump would be reprogrammed. With the request asking for intrathecal pump reprogramming times 3 the time in between could exceed the amount of time that would be deemed necessary to re-assess the patient for the efficacy of the medication. Without documentation within the request of how long the intervals are going to be in between for the reprogrammed, the request cannot be supported by the guidelines. As such, the request is not medically necessary.

