MAXIMUS Federal Services

Case Number:	CM14-0006309		
Date Assigned:	03/03/2014	Date of Injury:	04/09/1996
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/16/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 47-year-old female with an injury reported on 04/09/1996. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/11/2013, reported that the injured worker complained of left foot pain and reflex sympathetic dystrophy. The physical examination findings reported diffuse tenderness to the L5-S1 region, lumbar forward flexion to 110 degrees and hyperextension to 10 degrees. The injured worker's prescribed medication list included Imitrex, Soma, and Dilaudid. The injured worker's diagnoses included unspecified urinary incontinence, chronic pain, reflex sympathetic dystrophy, obesity, and fibromyalgia. The request for authorization was submitted on 12/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRATHECAL PUMP REPROGRAMS FOR EIGHTEEN QUANTITY: Upheld

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

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 reprograms for eighteen quantities is non-certified. The injured worker complained of left foot pain and reflex sympathetic dystrophy. It was noted the injured worker had diffuse tenderness to L5-S1 region, lumbar forward flexion to 110 degrees and hyperextension to 10 degrees. The injured worker's prescribed medication list included Imitrex, Soma, and Dilaudid. The CA MTUS guidelines recommend intrathecal pumps only as an end-stage treatment alternative for selected patients for specific conditions such as primary liver cancer; metastatic colorectal cancer where metastases are limited to the liver; head/neck cancers; and severe; refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. For most patients, it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. The guidelines state the time between refills will vary based on pump reservoir size, drug concentration, dose, and flow rate. A programming session, which may occur along with or independent of a refill session, allows the clinician to adjust the patient's prescription as well as record or recall important information about the prescription. Within the provided documentation an adequate and complete assessment of the injured worker's functional condition was not provided; it was unclear if the injured worker gained any additional function from the use of the intrathecal pump medication. There is also a lack of clinical information provided indicating the drug concentration, dose, and flow rate within the injured worker's pump. It was unclear if the injured workers medication dosage was being adjusted, which would indicate the necessity for reprogramming. Moreover, there is a lack of evidence indicating when the pump was last filled to determine the need for refill. Additionally, it was unclear why the injured worker required a total of 18 reprogramming sessions. Therefore, the request is not medically necessary.

INTRATHECAL PUMP FILLS WITH SUFENTANIL AND MAINTENANCE FOR EIGHT QUANTITY: Upheld

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

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 fills with Sufentanil and maintenance for eight quantities is non-certified. The injured worker complained of left foot pain and reflex sympathetic dystrophy. It was noted the injured worker had diffuse tenderness to L5-S1 region, lumbar forward flexion to 110 degrees and hyperextension to 10 degrees. The injured worker's prescribed medication list included Imitrex, Soma, and Dilaudid. The CA MTUS guidelines recommend intrathecal pumps only as an end-stage treatment alternative for selected patients for specific conditions such as primary liver cancer; metastatic colorectal cancer where metastases are limited to the liver; head/neck cancers; and severe; refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. For most patients, it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. The guidelines state the time between refills will vary

based on pump reservoir size, drug concentration, dose, and flow rate. A programming session, which may occur along with or independent of a refill session, allows the clinician to adjust the patient's prescription as well as record or recall important information about the prescription. Within the provided documentation an adequate and complete assessment of the injured worker's functional condition was not provided; it was unclear if the injured worker gained any additional function from the use of the intrathecal pump medication. There is a lack of clinical information provided indicating the drug concentration, dose, and flow rate within the injured worker's pump. Moreover, there is a lack of evidence indicating when the pump was last filled to determine the need for refill. Therefore, the request is not medically necessary.