

Case Number:	CM14-0006774		
Date Assigned:	02/07/2014	Date of Injury:	02/06/1986
Decision Date:	06/23/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 63-year-old male who reported an injury on 02/06/1986. The mechanism of injury was not provided in the documentation. Per the clinical note dated 10/16/2013, the injured worker continues to have pain to bilateral hips and knees; however, the documentation noted a possible revision of the right total knee arthroplasty in the future. On physical examination, the injured worker had continued diffuse mild to moderate swelling in the right knee, left knee as well remains mildly swollen. The diagnoses for the injured worker is severe osteoarthritis to bilateral hips and knees, status post multiple total arthroplasties of both hips and knees with revision to his chronic pain syndrome, narcotic tolerance and psychological dependency. Per the operative note dated 08/30/2012, the injured worker had a left revision total knee arthroplasty of femur, tibia, and patellar components. Per the clinical note dated 10/17/2013, the injured worker had recently had a gastrointestinal work-up and was found to have 5 peptic ulcers. The injured worker does take chronic pain medication and the physician reported this maybe a contributing factor. The Request for Authorization for medical treatment was not provided in the enclosed documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PUMP TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 5.3-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Indications for Implantable drug-delivery systems Pag.

Decision rationale: Per California MTUS Guidelines implantable drug delivery systems are 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. Those conditions can include CRPS, severe low back pain or failed back syndrome, arachnoiditis, diffuse cancer pain, osteoporosis, and axial somatic pain. The results of studies of opioids for musculoskeletal conditions generally recommend short use of opiates for severe cases not to exceed 2 weeks, and do not support chronic use for which a pump would be used, although implantable drug delivery systems in select cases of chronic severe low back pain. Implantable drug delivery systems should only be used relatively late in the treatment continuum when there is little hope for effective management of chronic intractable pain from other therapies, specific criteria in these cases should include the failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of papality, further surgical intervention is not indicated and psychological evaluation unequivocally states that the pain is not psychological in origin. Permanently implanted infusion pumps for the administration of opiates or nonopiate analgesics in the treatment of chronic intractable pain are considered medically necessary when strong opiates or other analgesics in elective doses on a fixed schedule, not as needed, fail to relieve pain or intolerable side effects have been found. In addition, pain pumps may be used when life expectancy is greater than 3 months and less invasive techniques such as external infusion pumps provide comparable pain relief in the short term and consistent with standard of care. Intrathecal opiates, when administered in the long term, can be associated with problems such as tolerance, hyperalgesia and other side effects. Consequence of long term efficacy has not been convincingly proven. Per the provided documentation, the injured worker is still a candidate for further surgical intervention. There was a lack of documentation provided that the injured worker had undergone a psychological evaluation prior to the possible implantation of this device. Therefore, the request for the pain pump trial is not medically necessary.