

Case Number:	CM14-0010514		
Date Assigned:	02/21/2014	Date of Injury:	09/13/1999
Decision Date:	08/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 52 year old woman who sustained a work-related injury on September 15, 1999. Subsequently, she developed chronic back pain and pain syndrome. The patient was diagnosed with the brachioplexus disorder, lumbar laminectomy syndrome, opioid dependence and thoracolumbar radiculitis. The patient was treated with pain medications and intrathecal pump. According to a note dated on December 18, 2015, the patient was complaining of low back pain, bilateral hip and thigh pain. Her pain was rated 3/10. The patient was treated with Dilaudid and Percocet. The provider requested authorization for pain pump refill for the year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Pump Refill for the year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDSs).

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

Decision rationale: According to MTUS Guidelines, Implantable Drug-Delivery Systems (IDDSs) is recommended only as an end-stage treatment alternative for selected patients for specific cancer conditions, after failure of at least 6 months of less invasive methods and

following a successful temporary trial. There was no clear documentation that the patient failed conservative treatment. In addition, there was no documentation of types of medications prescribed through the pump nor the concentration, dose and flow rate. Furthermore, a pain pump approval for one year cannot be justified without periodic evaluation of its efficacy. Therefore, the request for Pain Pump Refill for the year is not medically necessary.