

<b>Case Number:</b>	CM14-0112561		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/16/1969
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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, 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:

This is a 78 year old male with a 4/16/69 injury date. The mechanism of injury was not provided. In a follow-up on 6/11/14, the patient presented with low back, buttocks, and bilateral lower leg pain. The patient did not feel the current infusion was working well enough and requested a rate increase. The patient had been using Fentanyl 4000 mcg/ml for Intrathecal administration, Oxycodone 5 mg bid, and Valium 5 mg qhs. Objective findings included using a cane, a less stooped posture, and absence of neurologic dysfunction. The pump was refilled using the standard technique and reprogrammed. In documentation since that date and up to the most recent note on 9/16/14, it is clear that the previous fentanyl infusion rate has been reduced incrementally from a rate of 1950 mcg/day to 422 mcg/day. This represents a 30% decrease with each reduction, with the goal to find the lowest rate possible. The provider is requesting authorization for DAS pump replacement in the meantime. In addition, progress notes from 9/16/14, 9/9/14, 9/2/14, 8/27/14, and 8/21/14 show documentation of the 4 A's including analgesia, activities of daily living, adverse effects, and aberrant behaviors. In addition, pill counts are noted with each visit. Diagnostic impression: lumbar spondylosis, lumbosacral neuritis, failed back surgery syndrome. Treatment to date: placement of Intrathecal pump, medications, surgery. A UR decision on 6/24/14 denied the request for DAS pump replacement on the basis that there is no evidence of the 4 A's of documentation (analgesia, activities of daily living, adverse side effects, and aberrant behaviors).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DAS pump replacement, catheter, fluoroscopy pump:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: Page(s): 52-53.

**Decision rationale:** CA MTUS states that Intrathecal morphine may be indicated following failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful prior to permanent implantation as defined by a 50% reduction in pain. Implantable drug-delivery systems (IDDSs) 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. Results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (for which a pump would be used), although IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. This treatment 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. Refills: IDDSs dispense drugs according to instructions programmed by the clinician to deliver a specific amount of drug per day or to deliver varying regimens based on flexible programming options, and the pump may need to be refilled at regular intervals. 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. In the present case, it is clear that at this point the patient and physician are steadily weaning the rate of Intrathecal fentanyl delivery and have made significant progress. In the meantime they are requesting a DAS pump replacement because the patient is not quite ready for complete termination of the system, although that is a goal for the more distant future. Along the way, there is steady documentation of the 4 A's and pill counts. The patient appears to be using a minimum amount of oxycodone for breakthrough pain. Taken together, the medical necessity for the proposed procedure appears to be established. Therefore, the request for DAS pump replacement, catheter, and fluoroscopy pump is medically necessary.