

Case Number:	CM14-0129027		
Date Assigned:	08/18/2014	Date of Injury:	01/20/2009
Decision Date:	09/18/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/13/2014

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 Oklahoma. 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 52-year-old male who reported injury on 01/20/2009. The mechanism of injury was the injured worker was working with shrink wrap and was loading a machine by getting on his back and placing a 47 pound roll upwards into the machine. The injured worker indicated it was an awkward position and the injured worker suffered an acute injury. The injured worker was noted to have undergone 2 lumbar surgical interventions. The current medications were noted to include diazepam 10 mg 1 tablet 3 times a day, and oxycodone/APAP 10/325 mg 1 tablet every 4 hours. The diagnostic studies were not provided for review. The documentation of 03/17/2014 revealed the injured worker was noted to have low back bilateral sciatica that was shooting, stabbing, sharp, burning, and punishing. The pain was noted to be moderate to severe. The injured worker was noted to be in the office for a re-discussion of intrathecal opiate trials. The injured worker was noted to see the DVD on intrathecal opiate therapy. The physical examination revealed the injured worker had tenderness in the paravertebral muscles of the lumbar spine and in midline. The injured worker had decreased range of motion with back pain. The injured worker was noted to have decreased touch to the posterior right thigh and down to the mid-calf. The injured worker was noted to be neurologically and psychiatrically intact. The diagnoses included postlaminectomy syndrome of the lumbar region. The injured worker indicated that the medications helped with pain; however, they were insufficient. The treatment plan included an intrathecal pain pump trial. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Opioid Trial, lumbar spine #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines identify indications for implantable drug-delivery systems.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Implantable drug delivery systems Page(s): 101, 52, 53.

Decision rationale: The California MTUS Guidelines recommend psychological evaluations prior to intrathecal drug delivery system trials. Additionally, they indicate that implantable drug delivery systems are recommended as an end stage treatment alternative for injured worker who have specific conditions after the failure of at least 6 months of a less invasive method and following the successful temporary trial. The indications include the use for nonmalignant pain with a duration of greater than 6 months and there should be documentation of all of the following criteria, including a failure of 6 months of conservative treatment (pharmacological, surgical, psychological, or physical) and intractable pain secondary to disease state with objective documentation of pathology in the medical record and there should be documentation further surgical intervention or other treatment is not indicated or likely to be effective. There should be documentation that a psychological evaluation has been obtained and that the evaluation stated that the pain was not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity and there should be no contraindications to implantation existing, such as sepsis or coagulopathy. There should be a temporary trial of an intrathecal opiate that has been successful prior to permanent implantation as defined by at least 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. Additionally, a temporary trial of intrathecal infusion pumps is considered medically necessary when the criteria, including the documentation in the medical record of a failure of 6 months of conservative modalities through there are no contra-indications to implantation exist, have been met. The clinical documentation submitted for review failed to indicate the injured worker had undergone a psychological evaluation to support the trial and there was a lack of documentation of a failure of conservative care. Additionally, the request as submitted failed to indicate the type of opioid to be utilized and the dosage. Given the above, the request for intrathecal opioid trial lumbar spine, #1 is not medically necessary.