

<b>Case Number:</b>	CM14-0130925		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Physical Medicine and 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:

The injured worker is a 41-year-old female who reported an injury of unspecified mechanism on 02/09/2011. Her diagnoses included upper limb complex regional pain syndrome type II, mononeuritis of the upper limb, mononeuritis multiplex and injury of the ulnar nerve. Her complaints included severe pain to the right inner elbow, requiring her to keep her arm away from her body, which put extra strain on her upper back, shoulder and wrist. She had undergone a radiofrequency neurotomy at the right T3-T4 sympathetic ganglion with no relief. She also received an upper thoracic epidural steroid injection with no pain relief. On 04/23/2014, she underwent a ketamine cocktail infusion for control of Complex Regional Pain Syndrome (CRPS), which did not relieve her pain. She had a trial of a spinal cord stimulator, which did not help. The rationale for the requested treatment was that if the ketamine infusion did not help, the last option would be a trial of intrathecal ziconotide, derived from sea snail poison, which had been shown to help with neuropathic pain syndrome; after 2 trials of injections the decision can be made for implantation of an intrathecal opiate pump. There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Intrathecal Ziconotide (Prialt):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Ziconotide

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ziconotide (Prialt®).

**Decision rationale:** The request for trial of intrathecal ziconotide, Prialt, is not medically necessary. The Official Disability Guidelines recommend Ziconotide for use after there is evidence of failure of a trial of intrathecal morphine or hydromorphone (Dilaudid). It is indicated for the management of severe chronic pain in patients for whom intrathecal therapy is warranted, and who are intolerant of or refractory to other treatment, such as systemic analgesics, adjunctive therapies or intrathecal morphine, and only in individuals for whom the potential benefits outweigh the risks of serious neuropsychiatric adverse effects. The clinical information submitted failed to meet the evidence based guidelines for the use of ziconotide. Additionally, the request did not specify that the trial consisted of 2 injections. Therefore, this request for trial of intrathecal ziconotide, Prialt, is not medically necessary.