

Case Number:	CM14-0132580		
Date Assigned:	08/22/2014	Date of Injury:	02/28/2002
Decision Date:	10/08/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/19/2014

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 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 56-year-old male who reported an injury on 02/28/2002. The mechanism of injury was the injured worker was injured while getting up from his chair. Prior treatments included multiple surgical interventions. The injured worker had an implantation of an intrathecal opioid delivery system on 06/12/2006. The injured worker underwent an intrathecal pump replacement on 02/24/2011. The pump was replaced due to battery exhaustion. The documentation of 07/15/2014 revealed the injured worker had complaints of back pain and left sciatica. The injured worker's current oral medications were stated to be none. The documentation indicated the injured worker's range of motion was not tested to the injured worker's unsteady gait. The pump was interrogated. The pump was refilled under ultrasound. The pump was reprogrammed. The diagnoses included postlaminectomy syndrome and lumbosacral radiculitis. The documentation indicated the injured worker wished the pulse generator on hold on the basis of potential re-employment. The injured worker indicated his activities of daily living were improved related to the response to the intrathecal pump. The injured worker was able to walk longer distances and sit for longer periods of time. The cognition was noted to be never an issue. The physician documented on the basis of pain related impairment score of 50 and on the basis on the injured worker's improved activities of daily living and return to work potential, the request was made for a 5% increase in intrathecal agents on the injured worker's behalf. The injured worker was noted to have a class moderately severe impairment. The documentation indicated the injured worker could only perform activities of daily living with substantial modifications and was unable to perform many routine activities. Initially, it was indicated the injured worker demonstrated moderate to severe affective distress in relation to this pain. The injured worker was noted to receive medication to control pain on a maintenance basis. The physical examination demonstrated severe pain related limitations that

made the examination difficult to perform and results difficult to interpret. Additionally, a number of pain behaviors were observed during the examination and appeared to be congruent with organ dysfunction. The documentation indicated the injured worker's pump refills must occur approximately every 30 days due to the decrease of potency of the intrathecal medication after 30 days. The treatment plan included a continuation of fentanyl, clonidine, and baclofen unchanged. Additionally, there was a request for a 5% increase in the intrathecal therapy due the pain-related impairment score of 50 and on the basis of the injured workers improved activities of daily living and return to work potential. There was a Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal fentanyl 100.26mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs); Ongoing Management Page(s): 52, 53; 78.

Decision rationale: The California MTUS Guidelines indicate that refills vary based on the pump reservoir size, drug concentration, dose and flow rate. Additionally, for ongoing management there should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional benefit. However, there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects, and had an objective decrease in pain. Given the above, the request for Intrathecal fentanyl 100.26mcg is not medically necessary.

Intratecal cloridine 50.36mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine, Intrathecal; Implantable drug-delivery systems (IDDSs); Ongoing Management Page(s): 3.

Decision rationale: The California MTUS Guidelines indicate that refills vary based on the pump reservoir size, drug concentration, dose and flow rate. Additionally, for ongoing management there should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional benefit. However, there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects, and had an

objective decrease in pain. Given the above, the request for Intrathecal cloridine 50.36mcg is not medically necessary.

Intrathecal baclofen 50.36mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs); Ongoing Management Page(s): 52,53; 78.

Decision rationale: The California MTUS Guidelines indicate that refills vary based on the pump reservoir size, drug concentration, dose and flow rate. Additionally, for ongoing management there should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional benefit. However, there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects, and had an objective decrease in pain. Given the above, the request for Intrathecal baclofen 50.36mcg is not medically necessary.