

Case Number:	CM14-0145537		
Date Assigned:	09/12/2014	Date of Injury:	02/07/2008
Decision Date:	11/18/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational Medicine 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 male with date of injury 2/7/2008. The medical records were reviewed. Per supplemental report on pain management progress dated 8/15/2014, the injured worker complains of chronic neck pain and low back pain. He reports that his pain at its least is 7/10, and at its worst is 10/10. Pain is currently 7/10. He reports his pain is increased and describes his pain as aching. On examination the lumbar spine reveals a scar. His gait appears to be antalgic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation to Evaluate Pain Pump: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug-Delivery System (IDDSs) section Page(s): 52-54.

Decision rationale: The MTUS Guidelines recommend the use of an implantable drug delivery system only as an end-stage treatment alternative for selected patients for specific conditions, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. 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. For most patients, it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. The criteria for use for non-malignant pain with duration of greater 6 months include documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; intractable pain secondary to a disease state with objective documentation of pathology in the medical record; further surgical intervention or other treatment is not indicated or likely to be effective; psychological evaluation has been obtained and evaluation states that the pain is not primarily psychological in origin and that benefit would occur with implantation despite any psychiatric comorbidity; no contraindications to implantation exist such as sepsis or coagulopathy; and a temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-5 above are met. The requesting physician explains that the injured worker's behavioral issues regarding narcotic medications as well as alcohol have been under good control during the last several years while using Suboxone for therapeutic purposes. Since Suboxone is not being approved by insurance, he will need an intrathecal drug pump. He has previously been diagnosed with opioid dependence disorder and also alcohol abuse in the past. It is reported that Suboxone provided adequate relief. The injured worker also has a history of alcohol abuse and opioid dependence disorder. Medical necessity of an implantable pain pump has not been established within the recommendations of the MTUS Guidelines, so a psychological evaluation is not necessary. The request for psychological evaluation to evaluate pain pump is determined to not be medically necessary.