MAXIMUS Federal Services

Case Number:	CM14-0156239		
Date Assigned:	09/25/2014	Date of Injury:	07/19/2004
Decision Date:	10/29/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 42-year-old female with a reported injury on 07/19/2004. The mechanism of injury was a slip and fall. The injured worker's diagnoses included depression, back pain, and knee pain. The injured worker's past treatments included medications, physical therapy, and a recent inpatient hospitalization for suicidal ideation from 03/14/2014 through 03/25/2014. No pertinent diagnostic testing was provided for review. The injured worker's surgical history included a laminectomy at L4-5 in 10/2007, a lumbar spine fusion in 10/2012, and removal of spinal hardware in 11/2013. The injured worker was evaluated on 03/12/2014 for complaints of back and leg pain which was limiting her activities. The clinician observed and reported a well healed incision. The lumbar spine examination showed 35 degrees of flexion and 5 degrees of extension. The motor examination revealed normal strength in all lower extremity muscles with the exception of the gastrocnemius on the left which was measured at 4/5. The patellar deep tendon reflexes were measured at 1 and the Achilles deep tendon reflexes were measured at 0. The sensory examination revealed decreased sensation to light touch along the L5 dermatomal distribution. The clinician's treatment plan was to have a CT myelogram. The injured worker's medications included Wellbutrin SR 150 mg daily, Remeron 15 mg at bedtime, Abilify 5 mg twice per day, Restoril 30 mg at bedtime, Inderal 20 mg once per day, Protonix 40 mg once per day, ferrous sulfate 3 times a day, multivitamins, and Metamucil. Of note, an internal medicine examination on 03/15/2014, while the patient was admitted for psychiatric evaluation, indicated that she had been taking hydrocodone as needed for pain and recommended attempting to control her pain with Naprosyn. The request was for pain pump for date of service 11/21/2013. No rationale for this request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Pump for date of service 11/21/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, Postoperative pain pump

Decision rationale: The request for pain pump for date of service 11/21/2013 is not medically necessary. The injured worker underwent removal of spinal hardware in 11/2013. The Official Disability Guidelines do not recommend postoperative pain pumps. There is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre or postoperative pain control using oral, intramuscular, or intravenous measures. Therefore, the request for pain pump for date of service 11/21/2013 is not medically necessary.