

<b>Case Number:</b>	CM14-0175543		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	05/22/1997
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of June 26, 2013. Thus far, the applicant has been treated with analgesic medications; opioid therapy; adjuvant medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 10, 2014, the claims administrator denied a request for referral to a pain management physician for consideration of intrathecal pain pump increase, denied a request for intrathecal Fentanyl and Bupivacaine, and approved a request for a psychology referral. In its denial, the claims administrator suggested that the applicant consult a psychiatrist or psychologist before considering the pain management consultation. The applicant's attorney subsequently appealed. In a September 30, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the right leg, in the 8-1/2 to 9/10 range despite a recent intrathecal pain pump increase. The applicant requested that the intrathecal opioids be increased further on the grounds that the current level of analgesia was inadequate. The applicant did not want to use a cane but apparently had issues with lower extremity weakness and numbness. The applicant's medication list included Seroquel, intrathecal Fentanyl, intrathecal Bupivacaine, oral Dilaudid, Valium, and Sprix nasal spray. The applicant had comorbidities including hepatitis C and a history of a prior brain abscess. The applicant's BMI was 28. The attending provider stated that the applicant's medications were allowing him to perform activities of daily living to include cooking, self-care, and personal hygiene; it was stated in one section of the note. The applicant was asked to consult a pain management specialist for consideration of intrathecal opioid increase. Seroquel, Dilaudid, intrathecal Fentanyl, and intrathecal Bupivacaine were endorsed. The applicant was asked to cease smoking. It was acknowledged that the applicant was not working with permanent limitations in place.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation referral for consideration of IT pump increase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating a particular cause of delayed recovery. In this case, the requesting provider indicated that he is uncomfortable escalate or increasing the applicant's intrathecal opioids further on the grounds that the applicant has seemingly failed to profit from the same. Obtaining the added expertise of a pain management specialist who is better-equipped to address the topic of escalation of intrathecal opioids is therefore indicated. Accordingly, the request is medically necessary.

**Fentanyl 10mg/ml and Bupivacaine 150mcg/ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** The request in question represents a request for continued usage of intrathecal opioids. However, as noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant's pain complaints are still scored as severe, in the 8-1/2 to 9/10 range, despite ongoing usage of the intrathecal opioids at issue. The applicant is having difficulty performing activities of daily living as basic as standing and walking, the attending provider has acknowledged, despite ongoing usage of intrathecal opioids, including intrathecal Fentanyl. The applicant is not working with permanent limitations in place. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid usage, including ongoing intrathecal Fentanyl usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.