

Case Number:	CM14-0020923		
Date Assigned:	04/30/2014	Date of Injury:	09/07/1993
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain 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 patient has submitted a claim for lumbosacral neuritis associated with an industrial injury date of September 7, 1993. Treatment to date has included oral and topical analgesics, spine surgery, nerve blocks/injections, epidural steroid injections, chiropractic therapy, physical therapy, home exercise program, TENS, and aquatic therapy. Medical records from 2013 were reviewed and showed lower back and right leg pain graded 2-7/10; described as sharp, stabbing, burning, stinging, cramping, and numbness with weakness and spasm. Physical examination showed an antalgic gait with weakness. The diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, lumbar facet arthropathy, failed back surgery syndrome, and myofascial pain syndrome. The patient has an intrathecal pump with Fentanyl 150mg/mL and Prialt 5.5 mcg/mL as pump medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 PAIN PUMP REFILLS AND MAINTENANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTRATHECAL PAIN PUMP, IMPLANTABLE DRUG-DELIVERY SYSTEMS (IDDSs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-55.

Decision rationale: Page 52-55 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that IDDSs dispense drugs according to instructions programmed by the clinician to deliver a specific amount of drug per day or to deliver varying regimens based on flexible programming options, and the pump may need to be refilled at regular intervals. The time between refills will vary based on pump reservoir size, drug concentration, dose, and flow rate. In this case, the pain levels reported were stable without acute exacerbations noted. However, the request did not include the period of time covered by the 4 medication refills. Therefore, the request for 4 pain pump refills and maintenance is not medically necessary.

8 PAIN PUMP RE-PROGRAMMINGS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTRATHECAL PAIN PUMP, IMPLANTABLE DRUG-DELIVERY SYSTEMS (IDDSs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-55.

Decision rationale: Page 52-55 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that IDDSs dispense drugs according to instructions programmed by the clinician to deliver a specific amount of drug per day or to deliver varying regimens based on flexible programming options, and the pump may need to be refilled at regular intervals. The time between refills will vary based on pump reservoir size, drug concentration, dose, and flow rate. A programming session, which may occur along with or independent of a refill session, allows the clinician to adjust the patient's prescription as well as record or recall important information about the prescription. The patient is noted to have stable pain scores with the IDDS use since December 2012. The documents submitted did not show the indication for pain pump re-programming. There is likewise no rationale for the quantity of the present request. Therefore, the request for 8 pain pump re-programmings is not medically necessary.