

<b>Case Number:</b>	CM14-0025637		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/22/1992
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 55 year old male who initially presented following a motorcycle accident in 1978 resulting in a traumatic below the knee amputation of the right leg. The clinical note dated 12/11/13 indicates the injured worker having undergone a prolonged course of treatment for multiple pelvic fractures, a bladder and kidney injury. The injured worker had been hospitalized for nine months following the initial incident. The injured worker continued with complaints of pain in the right lower extremity with occasional radiating pain into the testicles. The injured worker described the pain as a stabbing sensation. A subsequent injury also occurred in 1993 when he had a fall. The injured worker subsequently underwent a spinal cord stimulator in 2000 with revision in 2009. The injured worker stated the unit initially did provide significant relief; however, the injured worker had not used the stimulator in over a year. Upon exam the injured worker was able to demonstrate full strength in both upper extremities and the left lower extremity. The right lower extremity has a below the knee stump just distal to the fibular head. On examination the injured worker did demonstrate tenderness and allodynia to light touch. The operative report dated 12/11/13 indicates the injured worker undergoing a replacement on the right abdominal internal pulse generator for the spinal cord stimulator with a Medtronic prime advanced sure scan internal pulse generator. The clinical note dated 02/27/14 indicates the injured worker presenting for follow up regarding the stump and sciatic nerve pain. The injured worker reported feeling a vibration of the stimulator; however, no reduction in the injured worker's severe burning pain was realized in the thigh or buttocks. The note indicates the injured worker rated pain as 7-8/10. The injured worker has been utilizing Percocet up to 10-12 each day with no significant benefit. The psychological screening dated 12/10/13 indicates the injured worker being recommended for any surgical procedures as the injured worker was recommended for no psychological treatments. No contraindications had been identified from a psychological

perspective. The clinical note dated 10/17/13 indicates the injured worker continuing with complaints of tenderness at the right knee stump. The note indicates the injured worker having been recommended for a Prialt trial. The utilization review dated 11/27/13 resulted in a denial for a Prialt trial via a pain pump as the injured worker has previously undergone a spinal cord stimulator trial that did provide some benefit initially; however, the battery had reached its end life. Additionally, the use of an intrathecal pain pump along with a spinal cord stimulator is not recommended with concurrent use. The utilization review dated 02/11/14 resulted in a denial for the use of Prialt as no information had been submitted regarding previous trials of additional medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **INPATIENT HOSPITAL STAY X 6 DAYS: 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 Official Disability Guidelines (ODG) Pain Chapter, Hospital In-patient stay.

**Decision rationale:** Given the non-certification of the requested pain pump implantation, the additional request for a 6 day inpatient hospital stay is not medically necessary.

#### **PRIALT MEDICATION FOR PAIN PUMP: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ziconotide Section Page(s): 52.

**Decision rationale:** The documentation indicates the injured worker having a long history of complaints following a traumatic right knee amputation. The clinical notes indicate the injured worker complaining of ongoing pain in the lower extremities. An intrathecal pain pump with the use of Prialt is indicated for injured workers who have previously undergone trials of additional medications to include morphine or hydromorphone. No information was submitted regarding the injured worker's previous trials of additional medications. Additionally, it appears that the injured worker is currently utilizing a spinal cord stimulator to address the lower extremity pain. No information was submitted regarding the injured worker's previous temporary trial of intrathecal infusion pumps. Therefore, it is unclear if the injured worker would be appropriate for this pain modality. Given these factors, the request is not indicated as medically necessary.

