

<b>Case Number:</b>	CM14-0037639		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/15/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 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 pain syndrome reportedly associated with an industrial injury of November 15, 2007. Thus far, the applicant has been treated with the analgesic medications, unspecified amounts of physical therapy, and an implantation of an intrathecal pain pump. In a utilization review report dated February 27, 2014, the claims administrator denied a request for an intrathecal pain pump refill. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated January 26, 2014, the applicant was described as having a variety of issues associated with chronic regional pain syndrome, anxiety, depression, and auditory hallucinations. The applicant was given a global assessment of functioning (GAF) of 49. The applicant was described as permanently totally disabled. It does not appear that the applicant is working. It was stated that the applicant had pain ranging from 7 to 10/10 on a consistent basis and had difficulty gripping and grasping. In a clinical progress note of January 13, 2014, the applicant stated that recent adjustments to the intrathecal pain pump had apparently been equivocal and not resulted in significant pain relief. Another section of the report stated that the intrathecal pain pump was only providing modest relief. The applicant remained anxious and depressed. The applicant was using Cymbalta, Xanax, and Celexa, it was stated. There were no overt hallucinations evident on this occasion, however on November 12, 2013, the applicant was described as using a variety of oral opioids, including OxyContin and Percocet, in addition to adjuvant and psychotropic medications such as baclofen, Xanax, Seroquel, Celexa, and Lunesta. The applicant's work status was not aligned on this occasion, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain pump refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug delivery systems Page(s): 52-53.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic, Opioids, Ongoing Management topic Page(s): 80,78.

**Decision rationale:** As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, however, it is not clearly stated why the applicant has used so many different oral and intrathecal opioids. It is further noted that page 80 of the MTUS Chronic Pain Medical Treatment Guidelines states that 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, however, the applicant is off of work, although it is acknowledged that this may be a function of the applicant's mental health issues as opposed to his medical issues. In any case, the attending providers have themselves noted that the applicant is receiving only modest and fleeting pain relief with both oral and intrathecal opioids. There have been no clear improvements in function outlined as the result of the same. Therefore, the request is not medically necessary.