

<b>Case Number:</b>	CM14-0038756		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 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:

According to the records made available for review, this is a 59-year-old female with a 10/5/10 date of injury, status post L5-S1 foraminotomy 5/12/11, and pain pump implantation in 4/9/13. At the time (3/13/14) of request for authorization for Norco 10/325mg quantity: 40 and pump analysis quantity: 1, there is documentation of subjective (chronic intractable low back pain radiating to the buttocks with numbness and tingling) and objective (decreased sensation in the left lower leg and foot, antalgic gait, and limited lumbar range of motion with pain) findings, current diagnoses (lumbar post-laminectomy syndrome, neuralgia, neuritis, radiculitis, lumbar facet arthropathy, lumbar degenerative disc disease, and lumbosacral sprain/strain), and treatment to date (pain pump implantation on 4/9/13 with 70% pain relief, improved function, and decreased dependence on oral pain medications with use; Norco since at least 2/15/11, injection therapy/nerve blocks, physical modalities, and lumbar surgery). In addition, medical report identifies a signed opioid agreement. Furthermore, medical report plan identifies implanted pump device maintenance, pump medications refilled and reprogrammed, and telemetry performed with no discrepancy noted. Regarding Norco 10/325mg quantity: 40, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Quantity: 40: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, neuralgia, neuritis, radiculitis, lumbar facet arthropathy, lumbar degenerative disc disease, and lumbosacral sprain/strain. In addition, given documentation of a signed opioid contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given documentation of ongoing treatment with Norco since at least 2/15/11, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg quantity: 40 is not medically necessary.

**Pump Analysis Quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal drug delivery systems Page(s): 53-55.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic tractable pain with a duration of greater than 6 months; failure of six (6) months of other conservative treatment modalities (pharmacologic, surgical, psychological or physical), if appropriate and not contraindicated; intractable pain secondary to a disease state with objective documentation of pathology in the medical record; further surgical intervention is not indicated; psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric co morbidity; No contraindications to implantation exist such as sepsis or coagulopathy; and a temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and

documentation in the medical record of functional improvement and associated reduction in oral pain medication use, as criteria necessary to support the medical necessity of a permanent intrathecal opioid pump. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, neuralgia, neuritis, radiculitis, lumbar facet arthropathy, lumbar degenerative disc disease, and lumbosacral sprain/strain. In addition, there is documentation of placement of pain pump implantation on 4/9/13 with 70% pain relief, improved function, and decreased dependence on oral pain medications with current use. However, despite documentation of a plan identifying implanted pump device maintenance, and given documentation of pump medications refilled and reprogrammed; and telemetry performed with no discrepancy noted, there is no documentation of pump malfunctioning and/or manufacturer's mandatory maintenance identifying the medical necessity of the requested pump analysis. Therefore, based on guidelines and a review of the evidence, the request for pump analysis quantity: 1 is not medically necessary.