

<b>Case Number:</b>	CM14-0068728		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/02/1991
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Internal 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:

Pain management report dated February 14, 2014 by [REDACTED] documented subjective complaints. The patient was good spirits, stating, "The sharp pains in my hips are better and the frequency of the sharp pains has decreased." The patient states that he is still getting some of this pain, but again it is less severe and happening less frequently. He states that his pain has been averaging around 5-6/10, which is down approximately 10%-20% since his last visit. The patient's pain score is 6/10 right now and averaged 6/10 over the preceding week, (0 being no pain, 10 being the worst pain imaginable). Date of injury was 04/02/1991. Physical examination demonstrated blood pressure 120/80, pulse 84, respiration 12, height 5'11", weight 186 lbs, temperature 97.1. Pump adjustment procedure was performed. The patient's right lower abdomen was exposed. The intrathecal pump was then interrogated and the current pump settings were identified. The patient was on a simple continuous infusion of 413.9 mcg/day of Baclofen and 0.1242 mg/day of Bupivacaine. The pump was adjusted to give the patient a simple continuous infusion of 518.0 mcg/day of Baclofen and 0.1554 mg/day of Bupivacaine. Diagnoses were lumbar radiculopathy, chronic pain syndrome, right lower extremity reflex sympathetic dystrophy, complex regional pain syndrome, prescription narcotic dependence, neuropathic pain, chronic pain-related insomnia, chronic pain-related sexual dysfunction, chronic pain-related anxiety, chronic pain-related depression. The impression was the physician was that the patient was doing much better from his most recent increase. He has been able to discontinue Baclofen and he has also been able to discontinue Cymbalta. The patient's pump was increased to approximately 20%. The patient's biggest concern at this point in time in terms of his pain is when he gets these severe flare ups. I do think at this point, since we are getting close to a steady dose that is effectively holding his pain, I believe at this point the patient would do well with a personal therapy manager device (PTM) where he can give himself pre-programmed boluses

using telemetry on his own pump. The treatment plan included urine drug screen to assess medication compliance and identify possible drug diversion, PTM (personal therapy management device) the patient will be able to give pre-programmed rescue doses through his intrathecal pain pump, discontinue Cymbalta, continue Glucosamine/Chondroitin, Elavil, Neurontin 800 mg two at bedtime for neuropathic pain. Utilization review determination date was 04-04-2014.

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

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

#### **Urine Drug Screen: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, online version regarding urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Opioids, steps to avoid misuse/addiction Page(s): 43,94.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Medical records document past urine drug tests dated 10-15-2013 and 08-08-2013 that were inconsistent with prescription therapy for Gabapentin, Cyclobenzaprine, and Duloxetine. Medical records document that the patient has an intrathecal pump and is on multiple medications. The pain management report dated 02-14-2014 stated that the purpose of the urine drug screen was to assess medication compliance and identify possible drug diversion. Urine drug testing would be beneficial to the management of the patient. Medical records and MTUS guidelines support the medical necessity of urine drug testing. Therefore, the request for Urine Drug Screen is medically necessary.

#### **Personal therapy management device: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDS) Intrathecal pumps Page(s): 52-55, 55.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address implantable drug-delivery systems (IDDS) and intrathecal pumps. Implantable drug-delivery systems (IDDS) 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. 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 Medtronic PTM Personal Therapy Manager is a programmer device for use with the Medtronic infusion pump. Personal Therapy Manager device delivers a bolus dose of medication and helps control intermittent or unpredictable pain, and gives patients more control over their pain by allowing them to receive a prescribed bolus dose from the Medtronic infusion system when needed. The physician remains in control of critical dosing parameters of the infusion prescription. Personal Therapy Manager is a control device for the Medtronic implantable drug-delivery systems (IDDS). It is a component of the system. Pain management report dated February 14, 2014 by documented that a pump adjustment procedure was performed. The intrathecal pump was then interrogated and the current pump settings were identified. The patient was on a simple continuous infusion of 413.9 mcg/day of Baclofen and 0.1242 mg/day of Bupivacaine. The pump was adjusted to give the patient a simple continuous infusion of 518.0 mcg/day of Baclofen and 0.1554 mg/day of Bupivacaine. Diagnoses were lumbar radiculopathy, chronic pain syndrome, right lower extremity reflex sympathetic dystrophy, complex regional pain syndrome, neuropathic pain. The patient's pump was increased to approximately 20%. The patient's biggest concern at this point in time in terms of his pain is when he gets these severe flare-ups. The patient was getting close to a steady dose that is effectively holding his pain. The patient would do well with a personal therapy manager device (PTM) where he can give himself pre-programmed boluses using telemetry on his own pump. The treatment plan included a request for a PTM (personal therapy management device) the patient will be able to give pre-programmed rescue doses through his intrathecal pain pump. Pain management report provided a rationale for Personal Therapy Manager device, which was to help control pain flare-ups. MTUS guidelines state that implantable drug-delivery systems (IDDS) 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. A Personal Therapy Manager (PTM) device would provide flexible programming options and would help achieve the physician's expressed pain management goals. MTUS guidelines and medical records support the medical necessity of a Personal Therapy Manager (PTM) device for the patient's implantable drug-delivery system (IDDS). Therefore, the request for Personal therapy management device is medically necessary.