

<b>Case Number:</b>	CM14-0069779		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/12/2003
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 & 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 52 year old male who presented with complaints of chronic pain. The date of injury is listed as 09/12/2003. The urine drug screen completed on 04/08/13 revealed inconsistent findings with the use of THC, Benzodiazepines, and Carisoprodol. Additional inconsistent findings were also detected for the use of Cyclobenzaprine. The urine drug screen completed on 04/30/13 also revealed inconsistent findings. The clinical note dated 03/28/14 indicates the injured worker having undergone an intrathecal pain pump trial with the use of Duramorph on 03/21/14. The injured worker reported excellent pain relief. The injured worker reported 12 solid hours of significant pain relief at that time. The injured worker reported the pain returning over the next 12 hours. The urine drug screen completed on 02/07/14 indicates the injured worker showing inconsistent findings with the use of opioids as well as Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Intrathecal Pain Pump Placement with PTM Device: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems, Page(s): 53-54. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18384501>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal drug delivery systems Page(s): 54-55.

**Decision rationale:** The request for an intrathecal pain pump placement with a PTM device is not medically necessary. The documentation indicates the injured worker complaining of ongoing pain. The use of intrathecal pain pump devices is indicated for injured workers who have confirmation of a 6 month failure of conservative treatments as well as objective documentation of significant pathology as well as the completion of a psychosocial screening. No information was submitted regarding the injured worker's completion of a 6 month course of conservative treatments. Additionally, no psychosocial screening was identified in the submitted clinical notes. No information was submitted regarding the injured worker's significant pathology that would indicate a positive response to the use of an intrathecal pump. Given these factors, this request is not indicated as medically necessary.