

Case Number:	CM14-0072725		
Date Assigned:	07/16/2014	Date of Injury:	06/29/1999
Decision Date:	09/19/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/19/2014

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 46 year old gentleman was reportedly injured on June 29, 1999. The mechanism of injury is falling off the two story building. The most recent progress note, dated June 5, 2014, indicates that there are ongoing complaints of neck pain and back pain. Current medications include Actos, Bactrim, Benazepril/ Hydrochlorothiazide (HCTZ), Furosemide, Gabapentin, Levofloxacin, Lovaza, Morphine Sulfate (MS) Contin, Nitroglycerin, Norco, Potassium chloride, and Seroquel. The physical examination demonstrated decreased cervical and lumbar spine range of motion, decreased sensation over the anterior lateral thighs. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine fusion from L4 through S1 and intrathecal pain pump implant. A request was made for an ultrasound pump refill and intrathecal Fentanyl and was not certified in the preauthorization process on April 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound pump refill: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Implantable Drug Delivery Systems, Updated July 10, 2014.

Decision rationale: According to the previous utilization management review the request for an ultrasound pump refill was not certified as it was stated that there was no additional dosing of Clonidine for the injured employees neuropathic pain. The most recent progress note dated June 5, 2014, indicates that the prescriber is not prescribing Clonidine to account for the injured employees neuropathic pain symptoms. Considering this, the request for an ultrasound pump refill is medically necessary.

Intrathecal Fentanyl to 1,050.3mcg: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, implantable drug delivery systems, updated July 10, 2014.

Decision rationale: As the accompanying request for an intrathecal pump refill has been determined to be medically necessary, so is this request for the refill of intrathecal Fentanyl.