

<b>Case Number:</b>	CM14-0091420		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/01/1989
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Orthopedic Spine Surgeon 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 71-year-old female who reported injury on 06/01/1989. The mechanism of injury was not provided. Her prior treatments included a Prialt pump trial on 04/29/2014, physical therapy, chiropractic care, acupuncture, and medications. The documentation indicated the injured worker had utilized opioids since at least 01/2014. The diagnosis was cervical spondylosis. The documentation of 05/13/2014 revealed the injured worker had a trial of a Prialt pump. The injured worker was noted to have received 50% plus pain relief in the lumbar spine and the right hip area. The injured worker was noted to be interested in proceeding with a Prialt pump. The treatment plan included a refill of Fentanyl patches 50 mcg/hr 1 patch every 48 hours #15, Percocet 10/325 mg 1 by mouth 4 times a day #120 as well as Lyrica 100 mg #90 and Cymbalta 60 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intrathecal Prialt pump implant with fluoroscopic guidance and general anesthesia:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 53-54. Decision based on Non-MTUS Citation ODG Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems, page 52-53, ongoing management, page 78 Page(s): 52-53; page 78.

**Decision rationale:** The California MTUS Guidelines recommend implantable drug delivery systems for injured workers who have a failure of at least 6 months of conservative treatment modalities, intractable pain secondary to disease with objective documentation of pathology, documentation that further surgical intervention is not indicated and psychological evaluation unequivocally states that the pain is not psychological in origin and a temporary trial has been successful prior to permanent implantation as defined by a 50% reduction in pain and documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had 50% plus relief from the pain. However, there was a lack of documentation of objective functional improvement that was achieved. Given the above, the request for Intrathecal Prialt pump implant with fluoroscopic guidance and general anesthesia is not medically necessary.

**Fentanyl patch 50 mcg/hr Q 48 hrs #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(s): 60; 78 86.

**Decision rationale:** The California MTUS Guidelines recommend opioids as treatment for chronic pain. There should be documentation of objective functional improvement and objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review fails to meet the above criteria. The duration of use was at least 3 months. Additionally, the cumulative dosing of all opioids should not exceed 120 mg of oral morphine equivalents per day. If the injured worker took the medication as prescribed, the daily morphine equivalent dosing would be 160 mg which exceeds the 120 mg recommended. Given the above, the request for Fentanyl patch 50 mcg/hr Q 48 hrs #15 is not medically necessary.

**Percocet 10/325 mg 1 po qid #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(s): 60; 78; 86.

**Decision rationale:** The California MTUS Guidelines recommend opioids as treatment for chronic pain. There should be documentation of objective functional improvement and objective

decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review fails to meet the above criteria. The duration of use was at least 3 months. Additionally, the cumulative dosing of all opioids should not exceed 120 mg of oral morphine equivalents per day. If the injured worker took the medication as prescribed, the daily morphine equivalent dosing would be 160 mg which exceeds the 120 mg recommended. Given the above, the request for Percocet 10/325 mg 1 by mouth 4 times a day #120 is not medically necessary.