

Case Number:	CM13-0016977		
Date Assigned:	11/06/2013	Date of Injury:	11/03/1995
Decision Date:	01/21/2015	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/27/2013

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 Spine Surgery, 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:

The injured worker is a 57-year-old male smoker, who reported injuries due to heavy lifting and an associated fall on 11/03/1995. On 07/09/2013, his diagnostic impression was chronic pain syndrome secondary to work related back injury. He was being seen for an evaluation of a nonfunctioning intrathecal pain pump. In 1997, he had failed a stimulator trial, and had the intrathecal pain pump placed. He has had 3 revisions. It was noted that the alarm on the pump started sounding, and he was no longer receiving medication through the pump. It was noted that the pump was delivering Fentanyl. His other medications included Zanaflex 4 mg, Paxil 20 mg, Prilosec 20 mg, Norco 10/325 mg, Neurontin 600 mg, Atorvastatin 20 mg, Lopid 600 mg, Hydrodiuril 12.5 mg and Naproxen of an unspecified dose. He was noted to be in no acute distress. His treatment plan noted that in addition to the pump needing a revision, he still had his original catheter, and may need a whole new system. The plan was to get x-rays preoperatively. On 12/04/2014, he presented with complaints of chronic pain. The malfunctioning pump had not been replaced. He rated his pain 7-9/10. His treatment plan recommendations included a referral to neurosurgery for pain pump replacement. A Request for Authorization dated 08/05/2013 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left revision of intrathecal pain pump, possible laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDSs) Page(s): 52-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDSs) Page(s): 52-54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Implantable Drug-Delivery Systems (IDDSs)

Decision rationale: The request for left revision of intrathecal pain pump, possible laminectomy is not medically necessary. The California MTUS Guidelines recommend implantable drug delivery systems only as an end stage treatment alternative for selective patients for specific conditions after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Results of studies of opioids for musculoskeletal conditions, as opposed to cancer pain, generally recommend short term use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use for which a pump would be used, although IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. For most patients it should be used as a part of a program to facilitate restoration of function and return to activity and not just for pain reduction. The Official Disability Guidelines note that morphine is generally the initial IDDS medication. An alternative non FDA approved medication is Hydromorphone. Other opioids, including fentanyl, have been used for intrathecal chronic nonmalignant pain, but are non FDA approved, and have little research associated with their use. The guidelines further note that intrathecal pumps are to be used when further surgical intervention or other treatment is not indicated or likely to be effective. The submitted documentation noted that the patient had the original catheter, which might have required replacement. This was not included in the request. The guidelines do not support the request for laminectomy and if more than just a pump revision would be needed, the request as written is not all-inclusive. Therefore, this request for left revision of intrathecal pain pump, possible laminectomy is not medically necessary.