

Case Number:	CM14-0186107		
Date Assigned:	11/14/2014	Date of Injury:	09/07/1993
Decision Date:	01/29/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/07/2014

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 Maryland. 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 employee was a 53 year old female who sustained an industrial injury on 09/07/1993. She was being treated for low back pain with radiculopathy. Her MRI of lumbar spine from 12/20/13 demonstrated unchanged postoperative changes in L5-S1 with non-enhancing cyst or dilatation of the nerve root sheath along the S1 nerve root and increased disc bulges L2-3 and L3-4, as well as right sided laminotomy at L4-5. There was no significant stenosis identified. Her history was significant for lumbar microdiscectomy and decompression of L4-S1 twice in 1193 and 1994. She was also status post left tarsal tunnel decompression complicated by pulmonary embolism. Her progress note from 06/6/14 was reviewed. She was seen for pain pump maintenance. A refill was accomplished using the standard technique. Medications used were Fentanyl at 100.95 mcg/mL per day and Prialt at 2.95 mcg/ml per day. She reported feeling overall well and requested no change in the daily infusion. An ultrasound was done before and after refilling the medication, to rule out seroma and establish orientation of the pump within the pocket. Her diagnoses were lumbar radiculopathy, degenerative disc disease, facet arthropathy, lumbar, failed back syndrome, myofascial pain syndrome, chronic pain, depressive disorder and anxiety disorder. She was asked to continue home exercise program, stretching and moist heat. A request was sent for pump refills and maintenance from July 2014 to December 2014. The letter of appeal from 11/13/14 states that she was suffering from lumbar radiculopathy, failed back surgery syndrome and chronic pain. She had an implanted pump approved and implanted on 03/02/14. She had ongoing pain which was partially managed with the pump and the medications helped her with activities of daily living and sleeping through the night without being awoken by pain. The progress note from 11/10/14 was also reviewed. Her pain was in lower back. Her pain was between 2-6/10, aggravated by cold, activity and standing. Her medications included Lidoderm patch, Methocarbamol, Ibuprofen, Ultram, Prialt and Fentanyl through the pump. Her

straight leg raising test was positive bilaterally, with antalgic gait and without sensory loss. The plan of care included random urine drug screens, CURES database reviewing and pain management agreement. She reportedly had become physically dependent and addicted to oral opioids with suicidal attempts necessitating a pain pump. Since having the pump she had obtained greater than 50% improvement, increased daily home functioning with minimal amount of additional medications. She was using a wheelchair prior to the pain pump and was able to walk with a cane after the pump placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pump refills and maintenance thru December 31, 2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems Page(s): 52-53.

Decision rationale: The employee had chronic low back pain and right lower extremity pain due to failed back surgery syndrome. Her prior treatments included lumbar microdiscectomy and decompression twice, oral Opioids, physical therapy, home exercises and oral medications. She had a pain pump implanted in March 2014 and had improved functioning and pain with Fentanyl through the pain pump. The request was for maintenance and refill of pain pump. According to MTUS, Chronic Pain Medical Treatment Guidelines, implantable drug delivery systems are recommended only as an end stage treatment alternative for selected patients after failure of at least 6 months of less invasive methods, and following a successful temporary trial. The employee had tried oral opioids and had dependence and depression as a consequence. She had improved pain and functional status from the pain pump. She had no appreciable side effects and demonstrated safe usage without aberrant behaviors. Based on the additional information given in the progress note from 11/10/14, the ongoing refill and maintenance of pain pump is medically necessary and appropriate.