

<b>Case Number:</b>	CM14-0203656		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	11/11/2008
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Family Practice and is licensed to practice in Florida. 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 patient is an adult male with a date of injury of 11/11/2008. The mechanism of injury described is having fallen from a power pole. He has chronic pain in his neck and back, insomnia secondary to chronic pain, and sexual dysfunction secondary to chronic pain and possibly also a low testosterone level. He is noted to have been off work for over a year on a 12/10/2014 medical evaluation note. Disability status is noted to be as follows: "partial temporary disability from the latest injury in 2008 until the present time, which would not be severe enough to cause absence from work due to internal medicine issues on an industrial basis." Prior treatment has included physical therapy, TENS nerve stimulator, shots, injections, acupuncture, surgery, pain management, and medications (with extensive narcotic use.) He has also had a spinal stimulator implanted. A utilization review physician did not certify a request for an implantable drug delivery system trial x 2. Therefore, an independent medical review was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Implantable drug-delivery systems (IDDS) trial times 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Implantable Drug Delivery Systems Page(s): 53-54.

**Decision rationale:** MTUS guidelines provided the following criteria as indications for an implantable drug delivery system: "Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met: 1) Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychological or physical), if appropriate and not contraindicated; and 2) Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3) Further surgical intervention or other treatment is not indicated or likely to be effective; and 4) Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychological in origin and that benefit would occur with implantation despite any psychiatric comorbidity; and 5) No contraindications to implantation exist such as sepsis or coagulopathy; and 6) A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinous) infusion pumps is considered medically necessary only when criteria 1-5 above are met."In regards to this patient's case, the above criteria have not been met. This patient did have a psychological evaluation and it was determined that his pain is not only pathogenic in origin, but is also psychological. Likewise, 8 psychotherapy sessions focusing on Cognitive Behavioral Therapy (CBT) were recommended by the Psychiatrist. Pain pumps are recommended as an end stage treatment alternative in patients with primarily pathologic pain who meet the appropriate criteria set. This request for an implantable drug delivery system trial times 2 is not medically necessary.