

Case Number:	CM14-0206048		
Date Assigned:	12/18/2014	Date of Injury:	01/10/2006
Decision Date:	02/11/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/09/2014

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 Emergency Medicine 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 36 year-old female who was originally injured on 1/10/2005 while attempting to restrain a student, when she was slammed into a wall and injured her back and hips. The primary diagnosis is currently chronic low back pain status post L5-S1 hemilaminectomy with epidural fibrosis, facet arthropathy, multilevel lumbar degenerative disc disease with central canal and neuroforaminal stenosis. Treatment to date has included aquatic therapy, lumbar epidural steroid injections, lumbar microdiscectomy at L3-4, L4-5, L5-S1, spinal cord stimulator followed by removal of leads, physical therapy, home exercise program, trigger-point injections, formal weight-loss program, cognitive-behavioral therapy, and use of cane, walker, and wheelchair. She continued to have chronic low back pain with intense pain in the lower extremities associated with occasional loss of control of the legs and loss of bladder control with negative neuroimaging of the central nervous system. A consulting neurologist stated that the examination at times appears to be non-anatomic, although consistent throughout the years, and could be due to arachnoiditis with multiple lumbosacral nerve involvement due to granulation tissue versus complex regional pain syndrome. Intrathecal morphine was recommended. The treating pain management specialist requested treatment with intrathecal opioid medication, which was denied by utilization review. This request was then submitted for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Intrathecal Opioid Medication: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDS)..

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

Decision rationale: The request is for a trial of intrathecal opioid medication, an implantable drug-delivery system that is typically only considered in treatment of certain cancer-related pain. Per the MTUS guidelines, this treatment is considered only as an end-stage treatment alternative for selected chronic pain patients for specific conditions, after failure of at least 6 months of less invasive methods. It should only be considered when there is little hope for effective management of chronic intractable pain from other therapies. It should be used as a part of a program to facilitate restoration of function and return to activity, not just for pain reduction. Furthermore, MTUS guidelines state that a temporary trial may be considered only when all five criteria are met: 1. Documentation of failure of 6 months of therapy; 2. Intractable pain secondary to disease state with objective documentation of pathology in the medical record; 3. Further surgical intervention is not indicated; 4. Psychological evaluation has been obtained and states that pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity; 5. No contraindications to implantation exist. Strict adherence to the criteria is mandatory due to both a lack of longitudinal outcome studies for implantable drug delivery systems, as well as the possible complications of infection, dislodgement of lines, and cerebrospinal fluid leak. While the injured worker does appear to have a very complex and protracted history of low back pain, and while implantable drug-delivery systems may be considered for failed back-syndrome, arachnoiditis, and chronic regional pain syndrome, all of which may account for the injured worker's symptoms, there are multiple physician notes that show concern for non-anatomic demonstration of symptoms and a possible large psychological component that has impeded improvement. The documentation provided does not clearly support that the injured worker is unequivocally free from a psychological origin of pain. Therefore, based on guidelines and a review of the evidence, the request for intrathecal opioid medication is not medically necessary.