

<b>Case Number:</b>	CM15-0004104		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	09/05/1985
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58-year-old male who reported injury on 09/05/1985. The mechanism of injury was not provided. The injured worker was noted to undergo an anterior cervical discectomy and fusion at C4-7. Documentation of 11/24/2014 revealed the injured worker had a chief complaint of FNSS related chronic cervicgia, occipital headaches, bilateral cervical radicular pain left greater than right, and upper thoracic pain as well as bilateral lower extremity pain. Prior treatments included nerve blocks, injections, epidural steroid injections, narcotic pain medication, and a TENS unit. The injured worker's medications included: Cymbalta 30 mg CPEP 1 twice a day; intrathecal Prialt 14.3 mcg, Dilaudid 5 mg/mL, IT Dilaudid 2 mg/day, IT Prialt 1.5 mcg/day; topical baclofen cream; fentanyl 50 muscle group patches; Lyrica 100 mg capsules; and Norco 10/325 mg tablets. The physical examination revealed the injured worker was well nourished, well hydrated and in no acute distress. The documentation indicated the purpose of the maintenance was to refill the medications. The refill was accomplished using a standard technique, and the pump was interrogated. The pump and surrounding area were prepped and draped in a sterile manner. The pump was interrogated and reprogrammed. The new pump medications included hydromorphone with a concentration of 8 mg/mL at 2.2 mg/day and Prialt with a concentration of 5 mcg/mL at 1.38 mcg/day. The injured worker indicated that he had 4/10 pain in the neck spine and arms, and that the pump relieved 60% to 70% of his pain. The next refill was noted to be due on 01/28/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Pump Reprogram: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs). Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines IDDS Page(s): 53.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend an implantable drug delivery system be refilled at regular intervals and programming sessions may occur along with or independent of the refill session. The clinical documentation submitted for review indicated the reprogram took place with the refill session. There was a lack of documentation indicating a necessity for an additional pump reprogram. Given the above and the lack of documentation of exceptional factors, and the lack of clarification, the request for 1 Pump Reprogram is not medically necessary.