

Case Number:	CM15-0006633		
Date Assigned:	01/26/2015	Date of Injury:	09/07/1993
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/12/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 53 year old female who sustained an industrial injury on 09/07/1993. She has reported lumbar post laminectomy syndrome and depression. The diagnoses have included lumbar post laminectomy syndrome, lumbosacral radiculopathy and major recurrent depression. Treatment to date has included back surgery, oral and topical pain medication and Prialt by pump and Fentanyl by pump. Currently, the Injured Worker complains of pain that is located in the lower back that is described as sharp, dull/aching, throbbing, pins and needles, stabbing, numbness, pressure, electrical/shooting, burning sting, cramping, weakness and spasm. She also complains of depression, anxiety, and memory loss. Current treatments have included use of medications of Lidoderm patches, Methocarbamol tablets, Ibuprofen, Ultram, and use of a pain pump with Prialt and Fentanyl. A psychological consultation, refills of medications, and requests for refill and maintenance of the pain pump are planned. On 12/26/2014 Utilization Review non-certified a request for pump refill & maintenance x 12, noting that based on the documentation provided, the guidelines for use are not satisfied. In particular, there is no documentation of pain relief, functional status, appropriate medication use, and side effects. Also the reference states that the treatment should be used relatively late in treatment after there is documentation of little hope for effective pain management of chronic intractable pain from other medications and treatments. The documentation contains limited discussion of the risks and benefits of this medication with the Injured Worker. MTUS Chronic Pain, Opioids and MTUS Prialt Guidelines, were cited. On

01/12/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pump refill & maintenance x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prialt, Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, pump refill and maintenance times 12 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain were managed with controlled substances should be seen monthly, quarterly or semiannually as required by the standard of care. In this case, the injured worker's working diagnoses are lumbar radiculopathy; degenerative disc disease, lumbar; facet arthropathy, lumbar; failed back surgery syndrome; myofascial pain syndrome; chronic pain; depressive disorder, moderate; and anxiety disorder. Subjectively, the injured worker complains of low back pain. Objectively there is tenderness for the lower back on extension along the facets. Straight leg raising his positive bilaterally. There are muscle spasms in the lumbar paraspinal muscle groups bilaterally. There is no sensory loss. The physician requested pain pump refills and office visits times 12. Medications include Lidoderm 5% patch, Methocarbamol 500mg, Ibuprofen 800mg, Ultram 50mg, Prialt 100mcg/ml solution, and Fentanyl Citrate 0.05mg/ml solution. The documentation does not contain evidence of objective functional improvement as it relates to the intrathecal (opiate) analgesics. The request states maintenance times 12. It is unclear whether this includes an office visit evaluation of the patient or simply maintenance of the pump with refills. The California Medical Board guidelines for Prescribing Controlled Substances for Pain indicates patients with pain managed with controlled substances should be seen monthly, quarterly or semiannually as required by the standard of care. Additionally, there were no risk assessments in the medical record and there were no pain assessments in the medical record. Consequently, absent clinical documentation with evidence of objective functional improvement with the frequency of follow-up history and physical examination, pump refills and maintenance times 12 is not medically necessary.