

Case Number:	CM15-0009468		
Date Assigned:	01/27/2015	Date of Injury:	10/29/1997
Decision Date:	03/20/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 65 year old female who sustained an industrial injury on 10/29/1997. She has reported low back pain. The diagnoses have included complex regional pain syndrome, lumbago with left sided radiculopathy and anxiety with insomnia. Treatment to date has included intrathecal pain pump, physical therapy, home exercises and medication management. Currently, the IW complains of back pain, neuropathy, dyesthesias, allodynia and hyperesthesias. Treatment plan included compounded pump medication. The medications listed are Ambien, Pamelor, Norco and medications in intrathecal pump. The Norco was non certified in an earlier UR. The 9/18/2014 UDS was reported as consistent with prescribed medications. On 1/15/2015, Utilization Review non-certified review of a compounded pump medication, noting lack of medical necessity at this time. The MTUS, ACOEM and Official Disability Guidelines were cited. On 1/16/2015, the injured worker submitted an application for IMR for compounded pump medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Compounded pump medication: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter Implantable drug delivery systems

Decision rationale: The CA MTUS did not address the use of implantable drug delivery systems for the treatment of musculoskeletal pain. The ODG guidelines recommend that implanted drug delivery systems should be refilled on a timely basis based on the reservoir size, desired medications dosage, flow rate and clinical condition. The records indicate that the patient reported significant pain relief, functional restoration and no adverse effect with utilization of the intrathecal pump medications. The UDS was reported to be consistent. The record show exacerbation of symptoms when the Norco and the pump refills was not certified. the criteria for Compounded Pump Medications Refills was met.