MAXIMUS Federal Services

Case Number:	CM15-0102433		
Date Assigned:	06/04/2015	Date of Injury:	01/16/1996
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 16, 1996.In a Utilization Review report dated April 28, 2015, the claims administrator failed to approve a request for Prialt. The claims administrator referenced a RFA form received on April 22, 2015 in its determination, along with a progress note of January 14, 2015. The applicant's attorney subsequently appealed. On February 22, 2015, the applicant received a C7-T1 cervical epidural steroid injection. On April 29, 2015, the applicant reported multifocal complaints of neck mid back, and low back pain with associated left lower extremity radicular pain complaints. The attending provider stated that he had not been adequately able to control the applicant's pain complaints with morphine. The attending provider stated that the applicant was using marijuana, albeit "rarely." The applicant was also seeing a psychologist. The attending provider stated that he wished to transition the applicant from intrathecal morphine to intrathecal fentanyl and bupivacaine. Oxycodone and Soma were continued. In a June 4, 2015 Request for Information response, the treating provider and/or applicant's attorney appeared to have rescinded the request for Prialt. The response was not, however, signed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prialt 25mcg/ml 1.0 mch per daily dose medicine for pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 19th Edition, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ziconotide (Prialt); Functional Restoration Approach to Chronic Pain Management Page(s): 125; 7.

Decision rationale: No, the request for intrathecal Prialt was not medically necessary, medically appropriate, or indicated here. As noted on page 126 of the MTUS Chronic Pain Medical Treatment Guidelines, Prialt is recommended for use only if there is evidence of a failure of a trial of intrathecal morphine or Dilaudid and only in applicants for whom the potential benefits outweighed the risks of serious neuropsychiatric adverse effects. Here, however, the progress notes provided did not contain explicit references to the need for Prialt. The most recent note of April 29, 2015 suggested that the attending provider was intent on employing intrathecal Dilaudid. It was not clearly established, thus, why intrathecal Prialt had been proposed based on the information on file. The attending provider failed to reconcile his request for Prialt with a subsequent statement of April 29, 2015 to the effect that intrathecal Duragesic was being endorsed at that point in time. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should tailor medications and dosages to the specific applicant taking into account applicant-specific variables such as other medications. Here, a clear discussion of intrathecal medication usage did not transpire, at least insofar as the information on file was concerned. It further appeared that the requesting provider may have canceled the request for Prialt on a handwritten June 4, 2015 Request for Information response letter. Therefore, the request was not medically necessary.