

<b>Case Number:</b>	CM15-0108467		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/01/1998
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Arizona

Certification(s)/Specialty: Surgery

### 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 59 year old female patient who sustained an industrial injury on 08/01/1998. The accident was described as while working as a baker carrying a steel tray of donuts she lost her balance and twisted her right knee. She continued working and began to feel both back pain and right hip pain of which she attributes to persistent pain after injury and continuing to ambulate with an altered gait resulting in further complaint. Subsequently she underwent right knee arthroscopy on 12/01/1998. Post-operatively the pain persisted on the right hip and she then underwent a total hip replacement on 02/19/1999. Previous treatment for her low back complaint has included time off from work, modified work duty, medications, physical therapy session and epidural injections. She has also had a narcotic infusion pump placed approximately 7 years ago. The following diagnoses are applied: status post total hip replacement, right; spondylolisthesis of the lumbar spine with lumbar disc central extrusion at L1-2, indenting the thecal sac; status post internal derangement of the right knee with chondromalacia and status post meniscectomy. The pain pump was last filled 4/2015 and there was an error at that time. The manufacturer was contacted and technical support advised that the battery be replaced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of previously implanted Narcotic Infusion Pump, Replacement of the Implanted Narcotic Unit Pump and Revision of the Catheter: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Implantable drug-delivery systems (IDDSs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medtronic - Chronic Pain - Getting a Replacement. Drug Pumps.

**Decision rationale:** The pump uses a battery to keep the drug flowing through the pump and catheter. The typical battery life of a Medtronic pump will range between 5 and 7-8 years, depending on how much medicine you are programmed to receive each day and depending on the type of pump that is in place. In most pumps implanted before July 2004, depending on the rate at which you receive medication, the low battery alarm will sound after 5 to 8 years of use. The pump should be surgically replaced with a new pump before it automatically shuts off or before the alarm sounds. This requires surgery. A stopped pump results in a loss of therapy that can lead to an underdose or withdrawal symptoms. As this patient's pump was placed 7 years ago and was no longer fully functioning, it is medically necessary to replace it and to change the catheters at the physician's discretion and depending on device compatibility with the existing catheters. The prior utilization review is overturned. Catheter Replacement: Sometimes, the catheter can stay in place and be reconnected and other times it needs to be replaced.