

Case Number:	CM15-0138753		
Date Assigned:	07/28/2015	Date of Injury:	03/24/2009
Decision Date:	09/01/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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, Pain Management, 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:

This injured worker is a 54-year-old male who reported an industrial injury on 3/24/2009. His diagnoses, and or impression, were noted to include: arthralgia of the left shoulder; failed back surgery syndrome. No current imaging studies were noted. His treatments were noted to include surgeries; diagnostic studies; implantation of a pain pump; chiropractic treatments; medication management; and rest from work. The progress notes of 3/5/2015 and 3/10/2015 reported a pain management follow-up visit and pain pump maintenance for his constant pain, discomfort and weakness in the low back that constantly radiated down into the lower extremities, was aggravated by activities, and interfered with his activities of daily living. Objective findings were noted to include tenderness in the bilateral lower extremities; and that although there was improvement in pain it was not adequate to improve functionality and decrease the use of oral medications, and was not curative. The physician's requests for treatments were noted to include medication refill for his pump with the Fusion Compounding Pharmacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain pump refill Dilaudid 30mg/ml plus Prialt 3mcg/ml plus Bupivacaine 35mg/ml =
20cc pump refill: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug delivery systems (IDDs) and Ziconotide (Prialt).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery Systems Page(s): 52.

Decision rationale: MTUS 2009 states that implantable drug delivery systems are only recommended as an end stage treatment for selected patients. These systems should facilitate restoration of pain-limited function. The current medical record describes an individual at risk for infection due to his personal medical condition without any meaningful functional restoration. The lack of documented functional benefit does not adhere to MTUS 2009 and this pain pump refill is not medically necessary.