

Case Number:	CM15-0142818		
Date Assigned:	08/03/2015	Date of Injury:	04/08/2003
Decision Date:	08/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 62 year old female, who sustained an industrial injury on 4-8-03. The injured worker has complaints of low back, bilateral hips and bilateral knee pain. The diagnoses have included lumbosacral spondylosis without myelopathy, displacement lumbar intervertebral disc without myelopathy. Treatment to date has included radiofrequency denervation; Percocet; Soma and alprazolam. The request was for intrathecal pump trial and trial removal and intrathecal pump implantation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal pump trial and trial removal and intrathecal pump: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

Decision rationale: The claimant has a remote history of a work injury occurring in November 1984. She continues to be treated for low back, bilateral hip, and bilateral knee pain. When seen,

pain was rated at 6/10 with medications and as high as 8-10/10 without. Medications being prescribed included Percocet at a total MED of 90 mg per day without adverse side effect. Authorization is being requested for an intrathecal opioid pump trial with subsequent permanent pump placement. An implantable drug delivery system is recommended only as an end-stage treatment alternative for selected patients. Criteria include when there is failure of strong opioids or other analgesics in adequate doses with fixed schedule (not PRN) dosing have failed to relieve pain or there are intolerable side effects to systemic opioids or other analgesics which is not documented in this case. The claimant is taking Percocet at less than 120 MED with partial pain relief and without. Permanent implantation would only be considered after a successful trial and requesting a trial and implantation is not appropriate. The request is not medically necessary.