

Case Number:	CM15-0164892		
Date Assigned:	09/02/2015	Date of Injury:	06/30/1998
Decision Date:	10/07/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/21/2015

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: Georgia

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 male with an industrial injury dated 06-30-1998. His diagnosis was post laminectomy syndrome-lumbar. Prior treatment included medications. Comorbid conditions were pacemaker implant and stroke. He presented on 08-05-2015 for pharmacological re-evaluation, pump analysis, refill and reprogramming. The injured worker reported more pain "this month." The pain is rated as 3 out of 10. The physical exam revealed decreased range of motion of the lumbar spine. He ambulated with a cane. The provider documents that the patient was made aware that pump refills must occur approximately every 30 days due to the decrease in potency of the intrathecal medication after the 30 day period and the lack of preservatives in the intrathecal injectate which can lead to the potential for infection should it be left in the pump long term. Documentation notes the injured worker had an agreement regarding opioid therapy. His medications included Calcium, Cilostazol, Digoxin, Effexor, Fish oil, Furosemide, Iron tablets, Lamictal, Lisinopril, multivitamins, Pradaxa, Pravastatin, Spironolactone, Testosterone, Tricor and Vitamin B12. The medication in the intrathecal pump was Dilaudid. The treatment request is for 3 office visits for pump refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 office visits for pump refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs).

Decision rationale: According to the California Medical Treatment Utilization Schedule Guidelines implantable drug delivery systems are recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below after failure of at least 6 months of less invasive methods and following a successful temporary trial. Permanently implanted infusion pumps for the administration of opiates or non-opiates analgesics in the treatment of chronic intractable pain are considered medically necessary when strong opiates or other analgesics in elective doses on a fixed schedule, not as needed, fail to relieve pain or intolerable side effects have been found. 3 Office visits for pump refills is medically necessary as pump refills must occur approximately every 30 days due to the decrease in potency of the intrathecal medication after the 30 day period and the lack of preservatives in the intrathecal injectate which can lead to the potential for infection should it be left in the pump long term.