

Case Number:	CM15-0182986		
Date Assigned:	09/23/2015	Date of Injury:	01/30/2007
Decision Date:	11/10/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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 48 year old, male who sustained a work related injury on 1-30-07. A review of the medical records shows he is being treated for low back pain that radiates to right leg. Current medications include Lunesta, Miralax, Neurontin orally and Hydromorphone and Bupivacaine per intrathecal pump. He has been using the Hydromorphone and Bupivacaine in the intrathecal pump since at least 1-2015. In the last few progress notes, the injured worker reports low back pain that radiates down right leg. He rates his pain a 7-8 with medications. There has not been much significant changed in his pain symptoms. On physical exam dated 8-11-15, he has decreased range of motion in lumbar spine due to pain. He has a positive straight leg raise on the right leg. He has tenderness over the sacroiliac spine. He is not working. The treatment plan includes continuation of his medications. In the Utilization Review dated 8-19-15, the requested treatments of additional refills of Hydromorphone Pf 20mg-ml and Bupivacaine 10mg-ml are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone Pf 20mg/ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs), Opioids, criteria for use, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Implantable drug delivery systems (IDDSs).

Decision rationale: The claimant sustained a work injury in January 2007 and is being treated for chronic pain without a history of lumbar spine surgery in July 2007 with revision surgery in 2011. Current treated include an intrathecal drug delivery system. When seen, pain was rated at 7/10. Physical examination findings included a body mass index of nearly 30. He appeared depressed. There was a slow, antalgic gait with use of a cane. There was decreased right lower extremity strength and sensation. The pump was refilled with compounded hydromorphone and bupivacaine. Possible tolerance is referenced. Pain scores with and without medications show no more than a one point VAS decrease. In this case, the claimant continues to use an intrathecal drug delivery system. There is no documentation that intrathecal medications are currently providing what is considered a clinically significant decrease in pain through documentation of VAS pain scores or specific examples of how it is resulting in an increased level of function or improved quality of life. Hydromorphone and bupivacaine and not first-line intrathecal medications. Use of a compounded medication carries a risk of medication contamination as occurred in September 2012. The request for continued use at this dose and with this medication is not medically necessary.

Bupivacaine 10mg/ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in January 2007 and is being treated for chronic pain without a history of lumbar spine surgery in July 2007 with revision surgery in 2011. Current treated include an intrathecal drug delivery system. When seen, pain was rated at 7/10. Physical examination findings included a body mass index of nearly 30. He appeared depressed. There was a slow, antalgic gait with use of a cane. There was decreased right lower extremity strength and sensation. The pump was refilled with compounded hydromorphone and bupivacaine. Possible tolerance is referenced. Pain scores with and without medications show no more than a one point VAS decrease. In this case, the claimant continues to use an intrathecal drug delivery system. There is no documentation that intrathecal medications are currently providing what is considered a clinically significant decrease in pain through documentation of VAS pain scores or specific examples of how it is resulting in an increased level of function or improved quality of life. Hydromorphone and bupivacaine and not first-line intrathecal medications. Use of a compounded medication carries a risk of medication contamination as occurred in September 2012. The request for continued use with this medication is not medically necessary.