

Case Number:	CM15-0183421		
Date Assigned:	09/24/2015	Date of Injury:	10/03/2003
Decision Date:	11/18/2015	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: California

Certification(s)/Specialty: Preventive Medicine, 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 10-3-2003. He reported low back pain with radicular type symptoms from repetitive use activities. Diagnoses include post-laminectomy syndrome, status post lumbar surgeries. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. An intrathecal opioid delivery system was implanted on 4-9-2010. Currently, he complained of right sciatica pain and low back pain with radiation down the right lower extremity. It was documented that oral Tizanidine was necessary for decreasing muscle spasms in the back. The intrathecal pump was noted to decrease pain and improve functional capacity. The records documented that pump analysis on this date revealed Morphine use as 4.769 mcg per day and 59.08 mcg of clonidine per day. This dose was consistent with the dose rated from November 2014, showing no changes throughout the monthly refills. On 8-10-15, the physical examination documented lumbar tenderness and decreased range of motion. The plan of care included intrathecal analysis and refill on this date. The appeal requested authorization for three (3) office visits for pump refill and reprogramming; three (3) office visits for ultrasound guidance for pump refill; 1 prescription for Morphine 25mg-ml 150 units for 3 pump fill visits; and 1 prescription for Clonidine 100mcg-ml, 6 units for 3 pump fill visits. The Utilization Review dated 8-20-15, modified the request to allow 1 office visit for pump refill and reprogramming; 1 office visit for ultrasound guidance for pump refill; 1 pump refill with Morphine 25mcg-ml and 1 pump refill with clonidine 100mcg-ml per California Medical Treatment Utilization Schedule (MTUS) Guidelines.

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 refill and reprogramming: 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 rationale: The previous utilization review physician authorized one refill of the IDDS. The patient will require closer following than is suggested by numerous refills requested. 3 office visits for pump refill and reprogramming is not medically necessary.

3 office visits for ultrasound guidance for pump refill: 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 rationale: The previous utilization review physician authorized one refill of the IDDS. The patient will require closer following than is suggested by numerous refills requested. Morphine 25mg/ml 150 units for 3 pump fill visit is not medically necessary.

Morphine 25mg/ml 150 units for 3 pump fill visit: 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 rationale: The previous utilization review physician authorized one refill of the IDDS. The patient will require closer following than is suggested by numerous refills requested. Morphine 25mg/ml 150 units for 3 pump fill visit is not medically necessary.

Canidine 100mcg/ml, 6 units for 3 pump fill visits: 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 rationale: The previous utilization review physician authorized one refill of the IDDS. The patient will require closer following than is suggested by numerous refills requested. Canidine 100mcg/ml, 6 units for 3 pump fill visits is not medically necessary.