

Case Number:	CM15-0184640		
Date Assigned:	09/25/2015	Date of Injury:	04/09/2011
Decision Date:	11/02/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/21/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on 4-9-2011. The medical records indicate that the injured worker is undergoing treatment for neck pain - sprain-strain, left shoulder pain, left hip pain, left knee pain, low back pain with possible left L4 and S1 radiculopathy, status post possible L4-5 discectomy (1994), left ankle pain, and depression. According to the progress report dated 8-7-2015, the injured worker reports no improvement with her chronic pain conditions and continues to report significant pain. On a subjective pain scale, she rates her pain on average 8 out of 10. Without medications, she rates her pain 10 out of 10. The physical examination of the cervical spine reveals tenderness, tightness, spasm, and trigger point to palpation in the cervical spine muscles, restricted range of motion, and positive trigger points in the trapezius, rhomboid, paravertebrals, supraspinatus and infraspinatus. Examination of the left shoulder reveals limited range of motion. Low back is tender to palpation over the sacrum and coccyx. The upper back reveals point tenderness with palpable spasms in the trapezius, levator scapulae, and rhomboid bilaterally. The current medications are Cyclobenzaprine, Omeprazole, Roxicodone, Xanax, Docusate Sodium, Senna, and Dilaudid. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management and therapeutic injection. Work status is described as permanent and stationary. The original utilization review (8-19-2015) had non-certified a request for pain pump and intrathecal medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain pump and intrathecal medication: 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), Intrathecal drug delivery systems, medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Implantable drug-delivery systems (IDDSs).

Decision rationale: Pursuant to the Official Disability Guidelines, pain pump with intrathecal medication is not medically necessary. Pain pumps are used for treatment of nonmalignant (noncancerous) pain with a duration of greater than six months and all of the following criteria are met and documented by treating providers in the medical record. These include non-opiate oral medication regimens have been tried and failed to relieve pain and improve function; at least six months of other conservative treatment modalities including injection, surgical, psychological or physical) have been ineffective in relieving pain and improving function; intractable pain secondary to a disease state with objective documentation of pathology; further surgical intervention or other treatment is not indicated are likely to be effective; independent psychological evaluation has been obtained and the evaluation states pain is not psychological origin, the patient has realistic expectations and that benefit would occur with implantation despite any psychiatric comorbidity and no contraindication exists; there has been documented improvement in pain and function in response to oral opiate medications; a temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal infusion pumps is considered medically necessary only when the criteria enumerated above are met. In this case, the injured worker's working diagnoses are in pain, sprain strain; left shoulder pain; left hip pain; left knee pain; low back pain with possible left L4 and S1 radiculopathy; status post L4 - L5 discectomy; left ankle pain and depression. Date of injury is April 9, 2011. Request for authorization is August 10, 2015. According to an August 7, 2015 progress note, subjective complaints include pain in the coccyx, left shoulder neck and leg. Pain score is 8/10. Medications include cyclobenzaprine, Roxicodone, Xanax, Dilaudid, OxyContin and Percocet. Objectively, there is cervical spine tenderness to palpation with trigger points and decreased range of motion. The left shoulder has decreased range of motion. There is no psychological evaluation in the medical record. There is no documentation of a pain pump with intrathecal medication trial. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of the psychological evaluation and no documentation of a pain pump with intrathecal medications, pain pump with intrathecal medication is not medically necessary.