

<b>Case Number:</b>	CM15-0188969		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/08/2007
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 51 year old male, who sustained an industrial injury on January 08, 2007. The injured worker was diagnosed as having post laminectomy syndrome not elsewhere classified and post laminectomy syndrome to the lumbar spine. Treatment and diagnostic studies to date has included medication regimen, status post placement of an intrathecal pump with Fentanyl administration, and above noted procedure. In a progress note dated August 12, 2015 the treating physician reports complaints of "moderate", burning, shooting, stabbing, sharp, tenderness, and aching pain to the low back. Examination performed on August 12, 2015 was revealing for decreased range of motion to the lumbosacral spine. On August 12, 2015 the injured worker's medication regimen included Baclofen, Cyclobenzaprine, Duragesic, Hydrocodone with Acetaminophen, Levoxyl, Lidoderm Patch, Lyrica, Zanaflex, Zolof, and Zolpidem, along with the use of an intrathecal pump with Fentanyl administration noting prescriptions of these medications since at least February of 2015. On August 12, 2015 the injured worker received an ultrasound guided pump refill due to the "inability to palpate the pump due to deep implantation and excessive body mass index" and noting "the pump is hypermobile due to laxity of fascia of the abdominal musculature". The progress note from August 12, 2015 indicated the injured worker's activities of daily living to be a 49 on a Total Pain Related Impairment Score that places the injured worker in a "moderately severe impairment" which was defined in the note as the injured worker "can perform activities of daily living only with substantial modifications; unable to perform many routine activities", "moderate to severe affective distress in relation to his or her pain", and "receives medication to control pain

on a maintenance basis". The progress note from July 01, 2015 rated the injured worker's Total Pain Related Impairment Score to be a 48 that places the injured worker in the "moderately severe impairment category". The treating physician requested Fentanyl 10mg per ml with a quantity of 2000 units and a pump refill and reprogramming with ultrasound guidance noting current use of this device and medication as indicated above. On August 31, 2015 the Utilization Review determined the requests for Fentanyl 10mg per ml with a quantity of 2000 units and pump refill and reprogramming with ultrasound guidance to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fentanyl 10 mg/ml #2000 units:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. 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 continues to be treated for chronic pain including a diagnosis of two lumbar spine surgeries and has a diagnosis of failed back surgery syndrome. Current treatments include an intrathecal drug delivery system. The system was implanted in October 2013. Pump refills are being done approximately every 20 days. Ultrasound guidance is being used with a reported inability to palpate the pump due to deep implantation and excessive body mass index. The pump is also reported to be hypermobile due to laxity of the abdominal fascia. Intrathecal fentanyl is being used. Guidelines generally recommend morphine as the initial medication used in an implantable drug delivery system (IDDS). An alternative non-FDA approved medication is hydromorphone. Other opioids, including Fentanyl and Sufentanil, have been used for intrathecal chronic non-malignant pain but are non-FDA approved and have little research associated with their use. In this case, there is no apparent failure or contraindication to intrathecal morphine or hydromorphone. Fentanyl is not considered medically necessary.

**Pump refill and reprogramming with ultrasound guidance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. 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 continues to be treated for chronic pain including a diagnosis of two lumbar spine surgeries and has a diagnosis of failed back surgery syndrome. Current treatments include an intrathecal drug delivery system.

The system was implanted in October 2013. Pump refills are being done approximately every 20 days. Ultrasound guidance is being used with a reported inability to palpate the pump due to deep implantation and excessive body mass index. The pump is also reported to be hypermobile due to laxity of the abdominal fascia. Intrathecal fentanyl is being used. Pump refill and reprogramming is medically necessary. The pump has a 20 mL reservoir and needs to be refilled approximately every 20 days. The rationale for use of ultrasound guidance is clearly stated. Inaccurate needle placement during a pump refill carries the risk of significant adverse affect. This request is therefore medically necessary. Pain (chronic) Implantable drug-delivery systems (IDDSs).