

Case Number:	CM15-0192904		
Date Assigned:	10/07/2015	Date of Injury:	11/18/2003
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/01/2015

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: Physical Medicine & Rehabilitation

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 51 year old male injured worker suffered an industrial injury on 11-18-2003. The diagnoses included fracture of vertebra with spinal cord injury, quadriplegia, C5-C7 incomplete, and chronic pain due to trauma. On 9-3-2015 the treating provider reported low back pain and left thoracic pain. He had decreased sensation on the right side of the body including arm and leg and on the left side he was hypersensitive to touch. He was taking Hydrocodone and ran out 2 weeks prior. He had decreased concentration on some days and was taking Adderall occasionally for this. His spasticity had been under good control with the Baclofen pump but had increase spasticity with the cold weather recently. He also had Morphine in the pump, which helped the baseline pain. He was having pain in the back of the neck and was having headaches. The pain in the neck sometimes radiated to the head causing the headaches. On exam, the neck and cervical muscle were tender along with the back of the head. He had increased muscle tone in the left upper and lower extremities. He has a severe left hemiparetic gait, leaning strongly to the right utilizing a walker for mobility. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with medications, no evidence of functional improvement with treatment and no aberrant risk assessment. The Utilization Review on 9-10-2015 determined non-certification for Intrathecal pump refill with Morphine 2.5mg/Baclofen 2850mcg/20ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal pump refill with Morphine 2.5mg/Baclofen 2850mcg/20ml: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Intrathecal drug delivery systems, medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Implantable drug-delivery systems.

Decision rationale: The current request is for INTRATHECAL PUMP REFILL WITH MORPHINE 2.5MG/BACLOFEN 2850MCG/20ML. Treatment history includes lumbar fusion, physical therapy and medications. The patient is not working. Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Implantable drug-delivery systems (IDDSs) states: Refills: IDDSs dispense drugs according to instructions programmed by the clinician to deliver a specific amount of drug per day or to deliver varying regimens based on flexible programming options, and the pump may need to be refilled at regular intervals. The time between refills will vary based on pump reservoir size, drug concentration, dose, and flow rate. A programming session, which may occur along with or independent of a refill session, allows the clinician to adjust the patient's prescription as well as record or recall important information about the prescription. According to the FDA, the manufacturer's manuals should be consulted for specific instructions and precautions for initial filling, refilling and programming. For most pumps, the maximum dose that can be delivered between refills is 1000mg. If refills are usually administered after 16 to 17 mL have been infused, and most pumps are 18-20mL, the minimum time between each visit is 42 days if the daily dose rate is 20 mg/day. Given that a refill visit presents a good opportunity for monitoring, this panel suggested that the concentration be adjusted to allow refill visits a minimum of every 4 to 6 weeks, and maximum of every 2-3 months. The patient's medical history include fracture of the vertebra with spinal cord injury, and quadriplegia. Per report 09/03/15, the patient presents with low back pain and left thoracic pain. He has decreased sensation on the right side of the body including arm and leg, and on the left side he is hypersensitive to touch. He is taking hydrocodone for pain. He has high spasticity, which has been under good control with the Baclofen pump. He also has Morphine in the pump, which helps the baseline pain. The patient is quadriplegic with spasticity and chronic pain. The request for refill IS medically necessary.