

Case Number:	CM15-0022846		
Date Assigned:	02/12/2015	Date of Injury:	05/29/1992
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

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 injured worker is a 60-year-old male who reported injury on 05/29/1992. The mechanism of injury was not provided. The documentation of 12/30/2014 was for the purpose of pump refill and program. The pump was noted to be interrogated. The morphine had a concentration of 15 mg/ml at 4.40 mg per day. The new alarm date was 02/05/2015. The diagnoses included failed neck surgery syndrome; degenerated disc disease, cervical; cervical radiculopathy; cervical myofascial pain syndrome; obesity; depressive disorder, RCR, moderate; occipital neuralgia; and chronic pain. The treatment plan included a follow-up for routine pump analysis, refill, and maintenance in 4 to 6 weeks. The injured worker was noted to have no aberrant drug behavior and was monitored through urine drug screens. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pump refills and maintenance, 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery Systems (DDS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Implantable Drug Delivery Systems (DDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Refills, Medications for Chronic pain, ongoing management Page(s): 53, 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend refills with the time between refills varying based on pump reservoir size, concentration, dose, and flow rate. A session may occur along with or independent of a refill session and allows the clinician to adjust the injured worker's prescription as well as a record or recall important information about the prescription. Additionally, the medications utilized are opiates. As such, the documentation would need to include an objective decrease in pain and objective improvement in function and documentation of side effects. The documentation submitted for review indicated the injured worker needed to return in 4 to 6 weeks for a pump refill and maintenance. However, there was a lack of documentation indicating a necessity for 6 refills without re-evaluation. One refill would be appropriate. Given the above and the lack of documentation, the request for pump refills and maintenance, 6 refills is not medically necessary.

Pump reprograms, 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery Systems (DDS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Implantable Drug Delivery Systems (DDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Refills, Medications for Chronic pain, ongoing management Page(s): 53, 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend refills with the time between refills varying based on pump reservoir size, concentration, dose, and flow rate. A session may occur along with or independent of a refill session and allows the clinician to adjust the injured worker's prescription as well as a record or recall important information about the prescription. Additionally, the medications utilized are opiates. As such, the documentation would need to include an objective decrease in pain and objective improvement in function and documentation of side effects. The documentation submitted for review indicated the injured worker needed to return in 4 to 6 weeks for a pump refill and maintenance. The request would be appropriate for 1 pump reprogram. Given the above and the lack of documentation necessitating 6 refill pump programs, the request for pump reprogram, 6 refills is not medically necessary.