

Case Number:	CM15-0026389		
Date Assigned:	02/18/2015	Date of Injury:	04/04/1996
Decision Date:	04/21/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/11/2015

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, Hawaii
 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 61-year-old male, who sustained an industrial injury on 04/04/1996. Initial complaints and diagnoses were not provided. Treatment to date has included conservative care, medications, pain pump placement, left stellate ganglion block (11/19/2014), arthroscopic surgery (unspecified location or date), x-rays, cortisone injections, and visco supplementation. Currently, the injured worker complains of constant neck and left sided extremity pain (rated 5-8/10) and described as sharp, dull, throbbing, burning, achy, electricity, and pins/needles like sensations. Current diagnoses pertinent to these complaints include brachial neuritis, reflex sympathetic dystrophy of the lower limb, cervical spondylosis, post laminectomy syndrome and complex regional pain syndrome. The treatment plan (per the progress report date 10/29/2014) included routine fill of pain pump with morphine and reprogramming (performed this date), medications refills, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pump refill x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52.

Decision rationale: The patient presents with neck and left extremity pain status post laminectomy. The current request is for Pump Refill. The treating physician states: The patient presents for a routine pump refill. The pump is interrogated in the usual manner. No alarms are occurring. The patient rates his pain as 5-8/10 with medications. The MTUS guidelines state, 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. (Hassenbusch, 2004) In this case, the treating physician has documented that the patient has had a failed back surgery and stated the patient is taking other medications such as Nucynta & Lasix but did not state if these medications were helping and that the patient has received a sympathetic block injection but did not state if the patient received any decrease in pain. The treating physician report dated 9/3/14 states: We will plan on explanting the spinal cord stimulator pulse generator in the future. There is no documentation that the patient has any functional improvement with intrathecal pump usage of morphine. The MTUS guidelines regarding opioid usage state that there must be documented analgesia and improvements in ADLS with functional improvements to recommend continued usage. There is no documentation found in the medical records provided that supports ongoing morphine usage. The current request is not medically necessary.

Pump reprogramming x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52.

Decision rationale: The patient presents with and left extremity pain and postlaminectomy. The current request is for Pump reprogramming x 3. The patient rates his pain as 5-8/10 with medications. The treating physician states: Daily dose of the primary medication: 7.706mg/day of morphine. The MTUS guidelines state: 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. In this case, the treating physician has documented that they are programming the IDDS to pump 7.706 mg of morphine a day.

However, the request for a pump refill is not medically necessary. The current request for pump reprogramming is not medically necessary and the recommendation is for denial.

Morphine x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with and left extremity pain and postlaminectomy. The current request is for Morphine x3. The patient rates his pain as 5-8/10 with medications. The treating physician states: Daily dose of the primary medication: 7.706mg/day of morphine. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient does not have any drug allergies but did not document any before or after pain scales, there is no mention of any functional improvement with medication usage and there is no discussion regarding aberrant behavior. The current request is not medically necessary and the recommendation is for denial.