

Case Number:	CM15-0027093		
Date Assigned:	02/19/2015	Date of Injury:	10/24/1996
Decision Date:	05/19/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/12/2015

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, Washington

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 48-year-old female with an industrial injury dated 10/24/1996. The mechanism of injury was not provided. Her diagnoses include complex regional pain syndrome, carpal tunnel syndrome, radial neuralgia, depression, anxiety, and headache. Previous treatments have included conservative care, medications, and pain pump placement (03/11/2011) (last refilled 09/10/2014). In a progress note dated 09/10/2014, the treating physician reports that the injured worker presented for refill of the intrathecal pain pump and a current pain rating of 3/10. The objective examination revealed no significant findings. The treating physician is requesting pain pump refills and programming (x3) and medications, which were denied or modified by the utilization review. On 01/26/2015, Utilization Review modified a request for 1 pump with 3 refills to the approval of 1 pump with 1 refill, noting the recommended refill of every 6 weeks. The ACOEM and ODG Guidelines were cited. On 01/26/2015, Utilization Review modified a request for 3 pump reprogramming to the approval of 1 pump reprogramming, noting the recommended refill of every 6 weeks. The ODG Guidelines were cited. On 01/26/2015, Utilization Review modified a prescription for Dilaudid with 3 refills to the approval of Dilaudid with 1 refill, noting that the requested amount exceeds the guideline's recommendations with lack of functional improvement or reduction in oral pain medications, and the need for re-evaluation of use and recommended tapering. The MTUS Guidelines were cited. On 01/26/2015, Utilization Review non-certified a prescription for Bupivacaine with 3 refills, noting the lack of functional improvement or reduction in oral pain medication. The MTUS Guidelines were cited. On 01/26/2015, Utilization Review modified a prescription for Clonidine with 3 refills to the

approval of Clonidine 7ml with 1 refill, noting that the requested amount exceeds the guideline's recommendations with lack of functional improvement or reduction in oral pain medications, and the need for re-evaluation of use and recommended tapering. The MTUS Guidelines were cited. On 02/12/2015, the injured worker submitted an application for IMR for review of 1 pump with 3 refills, 3 pump reprogramming, Dilaudid with 3 refills, Bupivacaine with 3 refills, and Clonidine with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pump with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Intrathecal drug-delivery system reprogramming session; refills.

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

Decision rationale: The California MTUS Guidelines indicate that a refill is appropriate at regular intervals based on the pump reservoir size, drug concentration, dose, and flow rate. A programming session may occur along with or independent of a refill session, allowing the clinician to adjust the injured worker's prescription as well as record or recall important information about the prescription. The clinical documentation submitted for review indicated the prior refill was done in 10/2014 and 3 months prior to that. There was, however, a lack of documentation indicating a necessity for 3 refills without re-evaluation. Additionally, the request for 1 pump does not specify the specific type of pump that is being requested. This was not a basis for denial. Given the above, the request for 1 pump with 3 refills is not medically necessary.

3 Pump reprogramming: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Intrathecal drug-delivery system reprogramming session; refills.

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

Decision rationale: The California MTUS Guidelines indicate that a refill is appropriate at regular intervals based on the pump reservoir size, drug concentration, dose, and flow rate. A programming session may occur along with or independent of a refill session, allowing the clinician to adjust the injured worker's prescription as well as record or recall important information about the prescription. The clinical documentation submitted for review indicated the prior refill was done in 10/2014 and 3 months prior to that. There was a lack of documented

rationale for 3 pump reprogramming. Given the above, the request for 3 pump reprogramming is not medically necessary.

Dilaudid with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines; implantable drug-delivery systems as end-stage treatment for chronic pain; Dilaudid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated this medication was 1 of the medications included in the intrathecal pump. There was, however, a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The concentration and quantity of Dilaudid being requested was not provided. This medication is not allowed for refills per the Drug Enforcement Agency. Given the above, the request for Dilaudid with 3 refills is not medically necessary.

Bupivacaine with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; bupivacaine refills; implantable drug-delivery system as end-stage treatment for chronic pain, specifically intractable pain related to CRPS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupivacaine, 2nd & 3rd stage.

Decision rationale: The California MTUS Guidelines indicate the recommendation has been made to add both clonidine and bupivacaine for the intrathecal pump and the recommendation was made for bupivacaine as an alternative to clonidine in the second stage and as an additive to clonidine in the third stage. There was a lack of documented rationale for the requested medications. The efficacy was not provided. The request as submitted failed to indicate the frequency and quantity as well as strength for the bupivacaine. Given the above, the request for bupivacaine with 3 refills is not medically necessary.

Clonidine with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; implantable drug-delivery systems as end-stage treatment for chronic pain; Clonidine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine, 2nd & 3rd stage.

Decision rationale: The California MTUS Guidelines recommend clonidine in the third stage as an additive to bupivacaine. The specific rationale was not provided. The efficacy was not provided. The request as submitted failed to indicate the quantity and frequency for the requested medication. The request as submitted failed to indicate the specific quantity and strength. Given the above, the request for clonidine with 3 refills is not medically necessary.