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| <b>Case Number:</b>   | CM15-0214638 |                              |            |
| <b>Date Assigned:</b> | 11/04/2015   | <b>Date of Injury:</b>       | 01/20/2006 |
| <b>Decision Date:</b> | 12/15/2015   | <b>UR Denial Date:</b>       | 09/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/02/2015 |

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 45 year old female, who sustained an industrial injury on 1-20-2006. The injured worker was being treated for sacroiliitis not elsewhere classified, postlaminectomy syndrome of the lumbar region, and thoracic or lumbosacral neuritis or radiculitis, unspecified. The injured worker (8-17-2015, 9-17-2015) reported ongoing pain in the upper and lower back and throughout her lower extremities. The treating physician noted a history of numbness and dysthetic pain in the bilateral anterolateral thighs. The treating physician noted "her symptoms and exam are consistent with Meralgia Parenthetic, verified by nerve tests." The treating physician noted the injured worker underwent diagnostic and therapeutic right lateral femoral cutaneous nerve blocks on 5-6-2015 and 6-19-2015, with the immediate resolution of the injured worker's bilateral anterolateral thigh pain and numbness. The treating physician noted her symptoms returned after one week, and the second nerve block her Meralgia Parenthetic symptoms from 6 out of 10 prior to the procedure to 0 pain since the procedure. The injured worker reported that pain medications decrease her pain from 9 out of 10 by 30%. She reported her medications substantially assist her activities of daily living, mobility, and restorative sleep. The treating physician noted that the injured worker was on the lowest effective doses of her medications. The physical exam (9-17-2015) revealed tenderness to palpation of the right transverse process at L5 (lumbar 5), right sacral iliac joint, right greater than left greater trochanter, bilateral paraspinal region at L4 (lumbar 4), iliolumbar region, and diffuse right thigh tenderness. The treating physician noted painful and restricted active range of motion and normal neurological findings. Per the treating psychologist (4-8-2015 report), the injured worker was authorized for a Prialt pump trial. A signed pain management agreement (dated 8-17-2015) was included in the provided medical records. The urine drug screen (7-20-2015) indicated positive

results for Acetaminophen, Hydrocodone, Norhydrocodone, Amitriptyline, and Nor and Protriptyline. The urine drug screen (8-17-2015) indicated positive results for Acetaminophen, Hydrocodone, Norhydrocodone, Hydromorphone, Tramadol, Amitriptyline, and Nor and Protriptyline. Surgeries to date have included a lumbar 4-5 fusion with instrumentation in 2009. Treatment has included psychotherapy, a spinal cord simulator trial without benefit, right lateral femoral cutaneous nerve blocks, a right sacral iliac joint injection, a transcutaneous electrical nerve stimulation (TENS) unit, work modifications, and medications including oral pain, topical pain, non-steroidal anti-inflammatory, anti-epilepsy, anti-anxiety, muscle relaxant, and antidepressant. On 9-24-2015, the requested treatments included a trial of Intrathecal opioids. On 9-28-2015, the original utilization review non-certified a request for a trial of Intrathecal opioids.

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

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

#### **Trial of Intrathecal opioids: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, 2015- Implantable Drug-Delivery Systems (IDDSs).

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

**Decision rationale:** According to the guidelines, intrathecal drugs are recommended only as an end-stage treatment alternative for selected patients with chronic intractable pain in cases of failed back syndrome. In this case, the claimant recently received blocks which reduced the pain by 50%. There was a plan to reduce oral opioids as well. There was no mention of a psychological evaluation prior to the trial. The request for the trial is not medically necessary.