MAXIMUS Federal Services

Case Number:	CM15-0219420		
Date Assigned:	11/12/2015	Date of Injury:	03/01/2004
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 1, 2004. In a Utilization Review report dated October 26, 2015, the claims administrator failed to approve a request for a "removal of IT pump and implant of new one." The claims administrator referenced a September 30, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an August 12, 2015 office visit, it was acknowledged that the applicant was off of work, on total temporary disability. The treating provider stated that the applicant's intrathecal pain pump was non-functional and needed to be replaced. The applicant was having difficulty staying and falling asleep. The applicant's medication list included Ambien, Cymbalta, Lyrica, Zestril, Fentora, and Lyrica, it was stated in one section of the note. The applicant was wheelchair bound, the treating provider noted and was minimally ambulatory. The applicant had undergone earlier failed lumbar spine surgery, the treating provider reported. Dilaudid, Fentora, Zestril, and Celebrex were renewed and/or continued while the applicant was seemingly kept off of work. On September 30, 2015, the treating provider again stated that the applicant was wheelchair bound, was having difficulty walking secondary to heightened pain complaints. The treating provider again sought authorization for a replacement intrathecal pump. Multiple medications were renewed and/or continued, including Duragesic, Dilaudid, Celebrex, and Zestril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of IT Pump and Implant of new one: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs).

Decision rationale: No, the request for replacement of an intrathecal pain pump and implantation of a new one was not medically necessary, medically appropriate, or indicated here. As noted on page 54 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the primary criterion for pursuit of intrathecal pain pump implantation is evidence that a temporary trial of intrathecal opioids had proven successful as defined by 50% to 70% reduction in pain and documentation of medical record of functional improvement and/or associated reduction of oral medication usage. Here, however, the applicant had received a previous intrathecal pain pump implant, the treating provider reported on multiple dates of service, including September 30, 2015. The applicant was off of work, on total temporary disability, the applicant acknowledged on August 12, 2015, despite previous usage of the intrathecal pain pump. On September 30, 2015, the treating provider acknowledged that the applicant was still using a variety of opioids to include Duragesic, and Dilaudid. On August 12, 2015, the treating provider stated that the applicant was using Dilaudid and Fentora. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite previous usage of the intrathecal pain pump in question. Therefore, the request for removal of the existing intrathecal pain pump and implantation of a new intrathecal pain pump is not medically necessary.