

Case Number:	CM15-0221788		
Date Assigned:	11/17/2015	Date of Injury:	06/01/1989
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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

Certification(s)/Specialty: Surgery

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 72 year old female with an industrial injury dated 06-01-1989. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, cervical and thoracic spondylosis without myelopathy or radiculopathy, complex regional pain syndrome (CRPS) of bilateral upper limbs and cervical spinal stenosis. According to the progress note dated 08-13-2015, the injured worker reported headache, back pain and neck pain. Pain level was at least a 6 out of 10 and at worst 10 out of 10 on a visual analog scale (VAS). Medications included Fentanyl patches (since at least 2014), Percocet (since at least 2014), Cymbalta and Lyrica. Objective findings (08-13-2015) revealed decreased neck range of motion, tenderness to palpitation of cervical spine with spasm, bilateral trigger points, bilateral tenderness to palpitation of cervical facet joints and positive Spurling's test, and positive foraminal compression test. According to a more recent progress note dated 09-30-2015, the injured worker reported headache, back pain, neck pain, hand pain, low back pain and knee pain. Pain level was at least a 7 out of 10 and at worst 10 out of 10 on a visual analog scale (VAS). Medication improves condition and the pain is increased with no medication. Objective findings (09-30-2015) revealed mild distress, decreased lumbar range of motion, tenderness to palpitation of lumbar spine with spasm, bilateral lumbar trigger points, bilateral straight leg raises, bilateral ankle dorsiflexion weakness, bilateral lumbar radicular signs and subjective burning pain in bilateral hands. Treatment has included diagnostic studies, prescribed medications, pump trial, psych reevaluation and periodic follow up visits. According to the progress note 09-30-2015, the treating physician reported that the follow-up visit on 05-13-2014 noted over 50% pain relief

from pump trial in April, 2014. The utilization review dated 11-02-2015 non-certified the request for Intrathecal Pump implant with fluoroscopy with associated surgical services: general anesthesia and modified the request for fentanyl patches 50mcg-hr quantity 9 (original: 10) and Percocet 10-325mg quantity 108 (original: 120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Pump implant with fluoroscopy: Overturned

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

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

Decision rationale: This is a 72 year old female who has documentation of pain improvement with narcotic and other medication use, has had a psychologic evaluation which states that her pain is not psychologic in origin and there are not current documented contraindications to implantation. Per the treating physician's note, the patient had a temporary trial of intrathecal medication with a 50% reduction in pain. Based on documentation in the patient's medical record, an implantable intrathecal pump is medically necessary in this patient.

Associated Surgical Services: General Anesthesia: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anesthesiologist's Manual of Surgical Procedures. 2014. Richard Jaffe. Chapter 1.2. Functional Neurosurgery, page 79.

Decision rationale: The placement of intrathecal pumps and cortical stimulators is often best accomplished under general anesthesia using anesthetic techniques appropriate for spinal or intracranial procedures. General anesthesia for the intrathecal pump implant with fluoroscopy is medically necessary.

Fentanyl patches 50mcg/hr quantity 10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Fentanyl.

Decision rationale: The FDA-approved product labeling for the Fentanyl patch states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. This patient still has significant pain despite already being on a Fentanyl patch. However, the treating physician documents improvement in the patient's pain when she is on medications. The patient has a pain medication agreement and also there is documentation that she is trying to wean from the pain medications as well. Therefore, the request for fentanyl patches 50mcg/hr (10) is medically necessary.

Percocet 10/325mg quantity 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

Decision rationale: This patient has a pain treatment agreement and is attempting to wean from the opioids as documented in the treating physician's progress note. She also experiences improvement in her pain level with medication. For Percocet, the maximum daily dose is based on acetaminophen content (Maximum 4000mg/day). For more severe pain, the dose (based on oxycodone) is 10-30mg every 4 to 6 hours prn pain. The treating physician has provided appropriate documentation for chronic opioid use and the request for Percocet 10/325 (120) is medically necessary.