

<b>Case Number:</b>	CM15-0031000		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	07/30/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: New Jersey

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 54 year old male who sustained an industrial injury on 07/30/2011. Current diagnoses include lumbago, lumbar degenerative disc disease, postlaminectomy syndrome, sciatica, and thoracic pain. Previous treatments included medication management, multiple injections, and back surgery. Report dated 12/18/2014 noted that the injured worker presented with complaints that included back pain. Pain level was rated as 4-6 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/30/2015 non-certified a prescription for IDDS (implantable drug delivery system) trial x2, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **IDDS (Implantable Drug-Delivery Systems) trial X 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 53-54.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that implantable drug-delivery systems are recommended only as an end-stage treatment alternative for selected patients after failure of at least 6 months of less invasive methods, and following a successful temporary trial and for the purpose of facilitating restoration of function and return to activity, and not just for pain reduction. The implantable infusion pump is indicated for malignant pain and also non-malignant pain with documentation of failure of less invasive methods for at least 6 months, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention or other treatment is not indicated or likely to be effective, psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin, no contraindications to implantation (sepsis, coagulopathy, etc.), and a temporary trial of spinal opiates has been successful by at least 50-70% reduction in pain and associated reduction in oral pain medication. An infusion pump trial (rather than spinal injection) may be considered medically necessary only when all other criteria are met. Refill timing for implantable drug-delivery systems will vary based on pump reservoir size, drug concentration, dose, and flow rate. In the case of this worker, it appeared that there was sufficient criteria met, based on the documentation, for the IDDS, even without a trial of injected opioid. However, the psychological evaluation report was missing from the documents available for review, which would be required to confirm that the worker had been cleared. Therefore, the IDDS trial X2 will be considered medically unnecessary until this report can be provided for review.