

Case Number:	CM15-0035719		
Date Assigned:	03/04/2015	Date of Injury:	11/03/1998
Decision Date:	05/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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: Oregon, California
 Certification(s)/Specialty: Neurological 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 58-year-old male who reported an injury on 11/03/1998. The documentation of 12/26/2014 revealed the injured worker had pain in the head, bilateral arms, the neck, bilateral legs, bilateral shoulders, bilateral buttocks, thoracic spine, bilateral elbows, bilateral hips, bilateral hands, bilateral knees, abdomen, low back, bilateral ankles, feet, and groin. The mechanism of injury was not provided. The quality of pain was spasticity. The pain was worse all day. The injured worker was noted to have a reimplantation of an implantable drug delivery system in 2007 that became infected and was explanted. The injured worker's medications included OxyContin 20 mg 1 tablet every 8 hours, Norco 10/325 mg 1 to 2 by mouth every 4 to 6 hours as needed for pain, Valium 10 mg 1 by mouth 3 times a day as needed for anxiety, Lyrica 75 mg 1 by mouth twice a day, Zanaflex 4 mg 1 by mouth twice a day as needed for muscle spasms, trazodone hydrochloride 50 mg 1 to 2 tablets by mouth at bedtime as needed for insomnia, Axert 12.5 mg tablets 2 tablets by mouth as needed for migraine, ibuprofen 600 mg 1 by mouth 4 times a day as needed for pain, Senokot S tablets, Lidoderm 5% patches 1 patch 12 hours on 12 hours off to affected area, Flector 1.3% patches apply 1 patch to affected area every 12 hours as needed, and Protonix 40 mg 1 tablet daily for GERD. The injured worker's diagnoses included chronic pain syndrome, lumbar back pain, lumbar radiculopathy, anxiety, degenerative disc disease lumbar spine, depression, chronic insomnia, and opioid dependence. The physician opined the injured worker was psychologically stable for the trial and would be requesting a peer review with an anesthesiologist provider regarding the IDDS. Other therapies included physical therapy and a back brace. The injured worker had prior

surgery. The documentation of 09/26/2014 revealed the injured worker had been approved for a psychological evaluation; however, the injured worker was unable to schedule. The documentation indicated the injured worker was motivated and would like to begin the process. The request was made for a psychological evaluation for the implantable drug delivery system. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implantable drug delivery system (IDDS) trial for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators). Implantable drug-delivery systems (IDDSs) Page(s): 101,52-54.

Decision rationale: The California Medical Treatment Guidelines recommend a psychological evaluation prior to consideration of an implantable drug delivery system. The recommendations for an implantable drug delivery system include there should be pain greater than 6 months and there should be documentation of a failure of 6 months of conservative treatment, including pharmacologic, surgical, psychological, and physical. There should be documentation of intractable pain secondary to disease state with objective documentation of pathology in the record. There should be documentation that further surgical intervention or other treatment is not indicated or likely to be evaluated. There should be documentation of the psychological evaluation and the evaluation states the pain is not primary psychological in origin. There should be documentation that no contraindication to the implantation exists, such as sepsis and coagulopathy. The clinical documentation submitted for review indicated the injured worker had a prior implantable drug delivery system. However, the above criteria were not met. There was a lack of documentation of a psychological evaluation and a lack of documentation of a failure of recent conservative care. Given the above, the request for implantable drug delivery system (IDDS) trial for the lumbar spine is not medically necessary.