

Case Number:	CM15-0036262		
Date Assigned:	03/04/2015	Date of Injury:	01/20/2006
Decision Date:	04/16/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 45 year old female who sustained an industrial injury on 01/20/2006. Current diagnoses include lumbosacral radiculitis, lumbar post-laminectomy syndrome, sacroiliac joint inflamed, and drug induced constipation. Previous treatments included medication management, lumbar fusion, and sacroiliac joint injection. Report dated 12/30/2014 noted that the injured worker presented with complaints that included ongoing burning, tingling, shooting pain in the upper and lower back, and throughout her lower extremities and feet, low and mid back pain, ongoing neuropathic pain in the right vaginal area, pelvic, and anterior thighs, urinary incontinence and episodes of urinary tract infections. Pain level was rated as 9 out of 10 on the visual analog scale (VAS) with medications. Physical examination was positive for abnormal findings. Utilization review performed on 01/28/2015 non-certified a prescription for trial of intrathecal opiates, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision. Treating physician notes dated 10/31/2014 and 07/10/2014 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of intrathecal opiates: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery Systems (IDDSs), Intrathecal Drug Delivery Systems Medications Page(s): 52-54, 54-55.

Decision rationale: Intrathecal pumps provide medications into the space where the nerves come off the spinal cord. The MTUS guidelines support the use of intrathecal pumps in select cases of cancer-induced pain. The Guidelines also support their use in treating pain that is not from cancer when it is present longer than six months, other conventional treatments have not controlled the pain, further surgical or other treatments are not likely to be helpful or are not indicated, objective findings of the disease state causing the pain are documented, the pain is intractable, a psychological evaluation concluded the pain is not primarily due to psychologic issues and placing a pump would be beneficial despite any psychologic issues, and there are no medical issues that prevent the pump from being placed or used. In addition, if these criteria are met, a trial of medication provided near the spine should demonstrate an at least 50% reduction in pain intensity, significantly improved function, and a decrease in oral pain medication. The Guidelines support the use of morphine (20mg/mL) as the initial treatment with this route with adjustment as needed for a maximum dose of 15mg/day. Hydromorphone (10mg/mL) is supported as an alternate medication to morphine with adjustment as needed for a maximum dose of 4mg/day. Other opioids are not recommended because there is little research to support their use in this way. If the maximum dose is insufficient or the worker has neuropathic pain, the Guidelines recommend clonidine (2mg/mL, maximum 1mg/day) or bupivacaine (40mg/mL, maximum 30mg/day) with an opioid as a second-line treatment. There is limited research of questionable quality to support the use of ziconotide as a second-line treatment. If symptoms do not respond to second line therapy, the Guidelines support adding both clonidine and bupivacaine with an opioid. Baclofen also can be helpful in treating muscle spasticity due to cerebral palsy, brain injury, or spinal cord injury. The submitted and reviewed documentation indicated the worker was experiencing pain with tingling throughout the back and into the legs, right groin pain, pelvic pain, and problems controlling the urine. Documented examinations described minimal objective findings demonstrating the disease state causing the pain. These records reported that the medication regimen improved the worker's general function significantly and modestly improved the pain intensity and suggested that additional acupuncture and steroid injections were expected to be of benefit. Further, the request did not specify the type of medication to be used, its concentration, or the dose, which does not allow for confirmation of medical need and consistency with the Guidelines. For these reasons, the current request for a trial of unspecified intrathecal opiates at an unspecified dose is not medically necessary.