

Case Number:	CM15-0039201		
Date Assigned:	03/09/2015	Date of Injury:	03/02/2000
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

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:

This 54-year-old female sustained an industrial injury on 3/2/00, with subsequent ongoing back and neck pain. Magnetic resonance imaging lumbar spine (1/7/15), showed disc perfusion and postsurgical changes with fusion and spondylolisthesis and foraminal narrowing causing nerve impingement. Magnetic resonance imaging cervical spine (1/7/15) showed disc protrusion, osteophytes and central canal stenosis with nerve impingement. Treatment included medications, physical therapy, lumbar fusion, home exercise and heat/cold therapy. In a PR-2 dated 2/6/15, the injured worker complained of low back pain 9-10/10 on the visual analog scale with radiation from the hips to the toes. Current diagnoses included chronic opioid use, spinal stenosis, lumbar stenosis, lumbar post-laminectomy syndrome and neuralgia. The treatment plan included a pain pump trial with a goal of controlling pain while limiting medications and continuing medications (Soma, Norco and MS Contin), continuing home exercise and continuing home heat/cold therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Pump Trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Implantable Drug Delivery Systems, pages 53-54 Page(s): Indications for Implantable Drug Delivery Systems, pages 53-54.

Decision rationale: MTUS guidelines provided the following criteria as indications for an implantable drug delivery system: "Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met: 1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; and 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and 4. Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity; and 5. No contraindications to implantation exist such as sepsis or coagulopathy; and 6. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-5 above are met." In regards to this patient's case, the above criteria have not been met. While she has been tried on multiple opiate pain medications with apparently poor results, records do not show that a psychological evaluation has taken place. Likewise, this request for a pain pump cannot be considered medically necessary until MTUS guidelines have been satisfied.