

<b>Case Number:</b>	CM15-0047422		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	01/08/1999
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 8, 1999. In a Utilization Review Report dated February 25, 2015, the claims administrator failed to approve a request for an intrathecal pain pump refill, maintenance, and associated supplies. A January 19, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 16, 2015 note, the applicant did receive an intrathecal pain pump refill. Intrathecal Prilact and intrathecal Dilaudid were refilled. The applicant was given primary diagnoses of failed back surgery syndrome, failed neck surgery syndrome, and myofascial pain syndrome. Intrathecal pain pump was refilled and/or reprogrammed. The applicant's work and functional status were not clearly outlined. On November 18, 2014, the applicant reported ongoing complaints of low back pain. The applicant reported difficulty lying down. The applicant wanted to her pump refilled, it was stated at this point in time. 8-10/10 pain complaints were reported. The applicant had reportedly ceased smoking. The applicant was asked to continue oral Norco for pain relief. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. Overall, documentation was sparse. On October 21, 2014, the applicant was, once again, asked to continue previously and post permanent limitations. The applicant did not appear to be working. Ongoing complaints of neck and back pain were noted. 7-8/10 pain was reported. The applicant stated that her activities of daily living as basic as lying down remained problematic.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Pump Refill and Maintenance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery Systems (IDDSs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for stimulator implantation; Functional Restoration Approach to Chronic Pain Management Page(s): 107; 8.

**Decision rationale:** No, the pump refill and maintenance request was not medically necessary, medically appropriate, or indicated here. While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that one of the indications for spinal cord stimulator implantation is failed back syndrome, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant has self-stated that the intrathecal pain pump was not generating appropriate analgesia in the progress note of November 18, 2014. The applicant herself stated that the intrathecal pain pump was not effective in attenuating her pain complaints, which were scored at 8-10/10 on that date. The applicant did not appear to be working with previously imposed permanent limitations. Usage of intrathecal Prialt and intrathecal Dilaudid had failed to curtail the applicant's dependence on oral opioids such as Norco. The applicant was having difficulty performing activities of daily living as basic as standing, walking, and lying down, it was suggested on several occasions in the file. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior usage of the intrathecal pain pump in question. Therefore, the request for a pump refill and maintenance was not medically necessary.

### **Supplies for Implantable Drug Delivery Pump:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery Systems (IDDSs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for stimulator implantation; Functional Restoration Approach to Chronic Pain Management Page(s): 107; 8.

**Decision rationale:** Similarly, the request for supplies of the implantable drug delivery pump was likewise not medically necessary, medically appropriate, or indicated here. While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that one of the indicators for spinal cord stimulator implantation is failed back surgery, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration

of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, all evidence on file pointed to previous usage of the intrathecal pain pump having been unsuccessful here. The applicant seemingly remained off of work. The permanent work restrictions remained in place, unchanged, from visit to visit. The applicant reported on November 18, 2014 that the intrathecal pain pump was not generating appropriate analgesia. The applicant reported 8-10/10 pain complaints on that date. The applicant stated that the pain pump was making it difficult for her to lie down and she wished to have the pain pump removed as opposed to reprogrammed. Ongoing usage of the intrathecal pain pump had failed to curtail the applicant's benefit on oral opioid agent such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage and/or implantation of the intrathecal pain pump. Therefore, the request for associated supplies was not medically necessary.

**Pump reprogramming:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery Systems (IDDSs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for stimulator implantation; Functional Restoration Approach to Chronic Pain Management Page(s): 107; 8.

**Decision rationale:** Finally, the request for intrathecal pain pump reprogramming was likewise not medically necessary, medically appropriate, or indicated here. While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that one of the indicators for spinal cord stimulator implantation is failed back syndrome, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was seemingly off of work as of the date the intrathecal pain pump was reprogrammed. The applicant herself indicated in a preceding progress note of November 18, 2014 that she was dissatisfied with the level of analgesia afforded by the intrathecal pain pump. The applicant stated on that date that she wished to have the pump removed as opposed to reprogrammed, noting that the pump has failed to attenuate her pain complaints, which were scored at 8/10 on that date. Ongoing usage of intrathecal pain pump had not failed to curtail the applicant's dependence on oral opioids such as Norco, nor had the intrathecal pain pump diminished the applicant's work restrictions from visit to visit. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage and/or implantation of the intrathecal pain pump in question. Therefore, the request for associated pain pump reprogramming was not medically necessary.