MAXIMUS Federal Services

Case Number:	CM15-0050778		
Date Assigned:	03/24/2015	Date of Injury:	01/31/1992
Decision Date:	05/06/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/17/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic 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:

This injured worker is a 49-year-old female who sustained an industrial injury to the low back on 1/31/92. The mechanism of injury was not documented. The 10/9/14 treating physician report cited chronic severe grade 9/10 low back pain radiating down the lower extremities, worse on the right. She had complex regional pain syndrome in the right leg, associated with numbness, tingling and weakness. She had difficulty sleeping due to her current mattress and requested authorization for a replacement. She was on intrathecal hydromorphone and bupivacaine. She also reported that compound cream had helped in the past and this was refilled. Physical exam documented tenderness over the lower lumbar spine, bilateral lumbar facets, and dysesthesias in the right lower extremity and hyperesthesia in the right lower leg. The diagnosis included chronic low back pain and complex regional pain syndrome in the right leg. She was to continue her current medications, baclofen and Percocet along with intrathecal medications. In a pain care encounter dated 1/12/15, the injured worker was there for a pump refill. Pain level was 9/10 and activities of daily living were performed with difficulty. The technician noted that the pump's Elective Replacement Indicator was three months with alarm date 3/28/15. The injured worker was scheduled for pump replacement. The 2/16/15 utilization review non-certified the request for replacement of the permanent pump for the lumbar spine as there was no documentation of the effectiveness of prior treatment with the pump to support the medical necessity of replacement consistent with guidelines. The 3/23/15 pain care encounter note documented on-going use of the implantable drug-delivery system with new replacement date of 6/6/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of permanent pump for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain chapter, Opioids.

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

Decision rationale: The California MTUS guidelines recommend implantable drug-delivery systems (IDDSs) only as an end-stage treatment alternative for selected patients after a failure of at least 6 months of less invasive methods, and following a successful temporary trial. Guidelines do not generally support chronic use, as long-term efficacy has not been convincingly proven. IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. Permanent implantation is an option when specific criteria are met including a temporary trial of spinal opiates with 50-75% reduction in pain and documentation of functional improvement and associated reduction in oral pain medication use. Guideline criteria have not been met. This patient has an IDDS with no documentation in the records relative to length of use. The percentage of pain relief, reduction in oral medication use, and specific objective functional improvement with IDDS is not documented in the available records. The patient reports high levels of pain 9/10 with difficulty in activities of daily living, and is continuing to use oral opioid medications. There is no evidence of specific effectiveness of the IDDS to support the on-going use of this unit. Therefore, this request is not medically necessary.