

<b>Case Number:</b>	CM15-0083442		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/07/1992
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female patient who sustained an industrial injury on 10/07/1992. A recent progress note dated 04/23/2015 reported the patient presenting for pain pump refill. She reports subjective complaint of cervical, lumbar pains that radiate to bilateral upper extremities. Current medications are: Clopidogrel, compound cream, Crestor, Dexilant, Valium, and MS Contin. The patient has a history of both cervical and lumbar surgery. Objective findings showed the lumbar spine with paraspinal tenderness at L5 and the iliolumbar region. The assessment noted cervical post-laminectomy syndrome, complex region pain syndrome, type II, upper limb; chronic pain syndrome; degeneration of lumbar intervertebral disc; lumbar post-laminectomy syndrome. The pain pump was refilled. The plan of care noted to continue with current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IT pump refill: Duramorph 14.1mg/ml, Bupivacaine 21.5mg/ml #42: 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), pages 52-54.

**Decision rationale:** Guidelines recommend implantable drug-delivery systems (IDDS) only as a last resort in the treatment continuum of selected cases of chronic, severe failed back syndrome when no other therapies or effective management is left for the chronic intractable pain and should be used as part of a functional restoration program to facilitate return to activity and not just for pain reduction. The specific criteria include documented failure of all conservative treatment including oral medications, interventional pain modalities for clear objective pathology without psychological origin or further surgical intervention planned. Hence, indication for IDDS includes primary or metastatic liver, colorectal or head/neck cancers, severe refractory spasticity from cerebral or spinal cord injuries/lesion, none of which is demonstrated here. There is no documented specific confirmed pathology, psychological evaluation or failed trial of conservative care with medications and therapy to support this permanent pain pump placement outside guidelines criteria. Additionally, guidelines states trial must result in 50-70% reduction of pain with documented functional improvement and associated reduction in oral pain medications not demonstrated here with continued use of significant oral MS Contin along with continued report of severe symptoms and unchanged function. The IT pump refill: Duramorph 14.1mg/ml, Bupivacaine 21.5mg/ml #42 is not medically necessary and appropriate.

**MS Contin 15mg one everyday #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The MS Contin 15mg one everyday #30 is not medically necessary and appropriate.

**MS Contin 30mg one three times per day #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The MS Contin 30mg one three times per day #90 is not medically necessary and appropriate.