MAXIMUS Federal Services

Case Number:	CM15-0083616		
Date Assigned:	05/05/2015	Date of Injury:	03/15/2010
Decision Date:	06/04/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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: New Jersey
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 68-year-old female sustained an industrial injury to the left hip on 3/15/10. The injured worker suffered recurrent fractures to the right pelvis and superior ramus. Previous treatment included x-rays, hip reconstruction with revisions, intrathecal pain pump and medications. In a progress note dated 3/13/15, the injured worker complained of ongoing chronic pain. Current diagnoses included chronic pain due to trauma, left hip trauma at work status post five hip surgeries, chronic use of opiate drug therapies and presence of intrathecal pump. The treatment plan included renewing Oxycodone, discontinuing Neurontin, a urine drug screen and continuing intrathecal pump refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

At home intrathecal pump refill times 1: 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).

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that implantable drug-delivery systems are recommended only as an end-stage treatment alternative for selected patients after failure of at least 6 months of less invasive methods, and following a successful temporary trial and for the purpose of facilitating restoration of function and return to activity, and not just for pain reduction. The implantable infusion pump is indicated for malignant pain and also non-malignant pain with documentation of failure of less invasive methods for at least 6 months, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention or other treatment is not indicated or likely to be effective, psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin, no contraindications to implantation (sepsis, coagulopathy, etc.), and a temporary trial of spinal opiates has been successful by at least 50-70% reduction in pain and associated reduction in oral pain medication. An infusion pump trial (rather than spinal injection) may be considered medically necessary only when all other criteria are met. Refill timing for implantable drug-delivery systems will vary based on pump reservoir size, drug concentration, dose, and flow rate. In the case of this worker, although there was evidence of having an intrathecal pump, which would require refilling, there was no report found in the notes available for review which discussed the pain level reduction and functional outcome related to the use of the pump with Dilaudid to help justify its continuation. Without this supportive evidence found in the documents to review, the request for a refill will be considered medically unnecessary at this time.