

<b>Case Number:</b>	CM15-0087557		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	12/31/2000
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a female, who sustained an industrial injury on 12/31/2000. The mechanism of injury was not noted. The injured worker was diagnosed as having back pain and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included diagnostics and medications. The submitted medical records were difficult to decipher. On 4/07/2015, the injured worker complains of poor sleep because pain medication (Percocet) was not lasting long enough. Pain was not rated and objective findings did not include a physical exam but rather discussed a pain pump to reduce narcotic need and achieve better pain control. Diagnostic testing was not submitted. The treatment plan included the initiation of Oxycontin and evaluation for pain pump placement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation for pain pump placement:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Criteria for the Use of Opioids, Weaning of Medications Page(s): 8, 76-77, 124.

**Decision rationale:** The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. Consultation with pain management specialists is specifically supported before a trial of opioid medication if the worker's complaints do not match the examination and/or imaging findings and/or there are psychosocial concerns, the worker requires more opioid medication than the equivalent of morphine 120mg daily, or the worker is not tolerating opioid weaning. The submitted and reviewed records indicated the worker was experiencing lower back pain. Some parts of the submitted treating physician notes contained handwriting that could not be read with complete confidence. These records did not suggest any of the above situations were occurring. The documented pain assessments were minimal and did not contain many of the elements suggested by the Guidelines, such as how often the pain medication was needed and used. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an evaluation for pain pump placement is not medically necessary.