

Case Number:	CM15-0231476		
Date Assigned:	12/09/2015	Date of Injury:	04/08/2003
Decision Date:	01/29/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	11/24/2015

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 York
 Certification(s)/Specialty: Anesthesiology

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 is a 62 year old female with a date of injury on 4-8-2003. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral spondylosis without myelopathy, opioid type dependence and displacement of lumbar intervertebral disc without myelopathy. According to the progress report dated 9-15-2015, the injured worker complained of pain in her low back, bilateral hips and bilateral knees. She rated her current pain as 5-6 out of 10 and stated that her pain could reach 9-10 out of 10 without medication. She was taking six Percocet a day. She was awaiting approval for a psych evaluation for an intrathecal pump trial. The physical exam (9-15-2015) revealed the injured worker to be in mild distress. She was able to do heel-toe walk with increased pain. Treatment has included injections, radiofrequency denervation and medication. Current medications (9-15-2015) included Gralise, Amitiza, Soma, Xanax, Percocet and Voltaren gel. Per the progress report dated 6-15-2015, the injured worker was an appropriate candidate for intrathecal drug delivery given her failure with previous surgical intervention. The original Utilization Review (UR) (11-17-2015) denied requests for an intrathecal pump trial and trial removal and intrathecal pump refill with Marcaine 5mg and Fentanyl 25mcg and pre-operative labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal pump trial and trial removal and intrathecal pump refill with Marcaine 5mg and Fentanyl 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs).

Decision rationale: Permanently implanted intrathecal infusion pumps are used for the administration of opiates or non-opiate analgesics in the treatment of chronic intractable pain. Implantable drug delivery systems (IDDSs) are recommended only as an end-stage treatment alternative for selected patients for specific conditions, per CA MTUS (2009) criteria, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Permanently implanted intrathecal (intraspinal) infusion pumps for the administration of opioids or non-opioid analgesics, in the treatment of chronic intractable pain, are considered medically necessary when: used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met and documented by treating providers in the medical record: (1) Non-opioid oral medication regimens have been tried and have failed to relieve pain and improve function (see functional improvement); and (2) At least 6 months of other conservative treatment modalities (injection, surgical, psychologic or physical), have been ineffective in relieving pain and improving function; and (3) Intractable pain secondary to a disease state with objective documentation of pathology in the medical record (per symptoms, physical examination and diagnostic testing); and (4) Further surgical intervention or other treatment is not indicated or likely to be effective; and (5) Independent psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin, the patient has realistic expectations and that benefit would occur with implantation despite any psychiatric comorbidity; and (6) No contraindications to implantation exist such as sepsis, spinal infection, anticoagulation or coagulopathy; and (7) There has been documented improvement in pain and function in response to oral opioid medications but intolerable adverse effects preclude their continued use; and (8) A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-7 above are met. The MTUS guidelines recommend the continued use of an intrathecal IDDS if there is documentation of pain relief and functional improvement. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, return to work, or improved quality of life. The guidelines state that the pump may need to be refilled at regular intervals, with time between intervals based on the reservoir size, drug concentration, dose, and flow rate. A programming session, which may occur along with or independent of a refill session, allows the clinician to adjust the patient's prescription as well as record or recall important information about the prescription. In this case, not all the required guideline criteria have been met. The documentation indicates that the patient presented with partial benefit for the frequency blockade and pain level to 6/10 with activity and no medication for the diagnosis of lumbar spondylosis and disc displacement. In addition, the psychological assessment

recommended the patient enter a Multidisciplinary Pain Program. Medical necessity for the requested IDDS trial has not been established. The requested IDDS trials are not medically necessary.

Preoperative CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs).

Decision rationale: The requested intrathecal pump trial and trial removal and intrathecal pump refill with Marcaine and Fentanyl is not medically necessary. There is no indication for a preoperative CBC. Medical necessity for the requested test is not established. The requested test is not medically necessary.

Preoperative CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs).

Decision rationale: The requested intrathecal pump trial and trial removal and intrathecal pump refill with Marcaine and Fentanyl is not medically necessary. There is no indication for a preoperative CMP. Medical necessity for the requested test is not established. The requested test is not medically necessary.

Preoperative PT/PPT/INR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs).

Decision rationale: The requested intrathecal pump trial and trial removal and intrathecal pump refill with Marcaine and Fentanyl is not medically necessary. There is no indication for a preoperative PT/PTT/INR. Medical necessity for the requested tests is not established. The requested tests are not medically necessary.

Preoperative MRSA nasal swab: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs).

Decision rationale: The requested intrathecal pump trial and trial removal and intrathecal pump refill with Marcaine and Fentanyl is not medically necessary. There is no indication for a preoperative MRSA nasal swab. Medical necessity for the requested test is not established. The requested test is not medically necessary.