

Case Number:	CM14-0119065		
Date Assigned:	09/16/2014	Date of Injury:	01/11/1996
Decision Date:	10/23/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 71-year-old male who reported an injury on 01/11/1996. The mechanism of injury was not provided. The specific surgical history was not provided. However the injured worker was diagnosed with lumbar post laminectomy syndrome. The documentation indicated the injured worker was utilizing an intrathecal pump, OxyContin, gabapentin, and Percocet for analgesia. The injured worker was noted to be wheelchair bound and used a motorized wheelchair. The injured worker had an MRI of the lumbar spine. The documentation submitted for review was dated 07/23/2014 which revealed the injured worker had a history of severe lumbar postlaminectomy syndrome and lumbar spondylosis. The injured worker's pump contained fentanyl running at approximately 3300 mcg per day and the injured worker had been maintained with morphine prior to fentanyl. The injured worker was moved to fentanyl due to ineffectiveness of morphine. The fentanyl was noted to be at a high does and was not providing the injured worker adequate analgesia. The physician further documented with respect to Prialt and the neuropsychiatric concerns, the injured worker, the injured worker did not have a psychiatric diagnosis that would put him at an increased risk for side effects. As such, the request was made for intrathecal Prialt and it was documented the injured worker had failed morphine and fentanyl in the past with no predisposition to neuropsychiatric side effects with Prialt. There was no request for authorization submitted for review. The specific physician documentation for the requested intervention was not provided and as such the original date of request could not be established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 10,000 mcg/ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Intrathecal Pumps

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems, Recommended 1st stage medications Page(s): 55.

Decision rationale: The California MTUS Guidelines indicate that fentanyl is recommended as a first stage intrathecal drug delivery system medication; however, it was nonFDA approved for intrathecal nonmalignant pain. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the documentation indicated the fentanyl had been stopped. There was a lack of documentation indicating the date of the original request and there was no documentation submitted other than the appeal letter. The request as submitted failed to indicate the quantity and the setting for the intrathecal pump. Given the above, the request for fentanyl 10,000 mcg/ml is not medically necessary.