

<b>Case Number:</b>	CM14-0140674		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/16/2002
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 65 year old female who reported a date of injury of 01/16/2002. The mechanism of injury was not indicated. The injured worker had diagnoses of post laminectomy syndrome with radicular pain, reflex sympathetic dystrophy and cervicgia. Prior treatments included physical therapy. Diagnostic studies were not indicated within the medical records received. Surgeries included placement of an intrathecal pump on 07/14/2003. The injured worker had complaints of aching, burning, throbbing, stabbing and sharp lower back pain rated 6/10. The clinical note dated 05/30/2014 noted the injured worker ambulated with a steady gait with the use of a left leg brace, edema of the lower extremities bilaterally. The injured worker's intrathecal pump was reprogrammed reducing Hydromorphone from 0.35mg/day to 0.0118mg/day, Bupivacaine from 1.75mg/day to 0.059mg/day and Baclofen from 78.75mcg/day to 2.655mcg /day. Medications included Robaxin, Percocet, Norco, Neurontin and Cymbalta. The treatment plan included the physician's recommendation to follow up in 8 weeks, physical therapy, the continuation of Fentanyl patches and medications. The rationale and request for authorization form were not provided within the medical records received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intrathecal Catheter:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 52.

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

**Decision rationale:** The injured worker had complaints of aching, burning, throbbing, stabbing and sharp lower back pain rated 6/10. The California MTUS guidelines note implantable drug-delivery systems are recommended only as an end-stage treatment alternative for selected patients for specific conditions, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. This treatment should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. The specific criteria in these cases include the failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful. The physician noted the injured worker's intrathecal catheter was cut during surgery; however, it was also noted the injured worker wanted to wait to have surgery to replace the catheter. In this case, there is a lack of documentation of the injured worker's reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use with the intrathecal pain pump. Additionally, the submitted request does not indicate what specific procedure is being requested, whether it is replacement or revision. As such, the request for a Intrathecal Catheter is not medically necessary and appropriate.

**Percocet 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

**Decision rationale:** The injured worker had complaints of aching, burning, throbbing, stabbing and sharp lower back pain rated 6/10. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant drug-related behaviors. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation indicating when the injured worker last underwent a urine drug screen. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medications dose. Therefore, the request for Percocet 10/325mg #120 is not medically necessary.

