MAXIMUS Federal Services

Case Number:	CM14-0148257		
Date Assigned:	09/18/2014	Date of Injury:	02/24/1997
Decision Date:	10/16/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine 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:

There were 88 pages provided for this review. There was a non-certification of treatment. The request is for an IT pump trial, oxycodone 15 mg number 120 and Nucynta ER 200 mg number 60. These were non-certified. The patient's diagnoses were lumbago, post laminectomy syndrome and thoracolumbar sacral radiculitis. She is a 68-year-old female patient status post in injury in 1997 now 17 years ago. She reports a severe increase in the overall pain due to recent cold weather. Also she did not receive her pain medicine for one month. She complains of lower back, buttocks and leg pain. The left leg pain was constant. There was numbness to her hands. The pain is reportedly eight out of 10 in intensity. Her mood and functional level has been eight out of 10 since the last examination. There is a poor quality to her sleep due to the pain. A lumbar spine MRI from 2012 mentions the past surgery. Current medicines include fentanyl, gabapentin, Lunesta, Nucynta, oxycodone, Senokot and fentanyl spray. She has severe baseline pain to the right hip, lower back and left leg. There is decreased active range of motion of the lumbar spine. She is status post multiple levels of fusion hardware removal with severe ongoing pain. Hypertension is important control. There are no new neurologic deficits noted. Some of the drug tests were negative for her medicines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal (IT) pump: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section, under Intrathecal Opiate Pump

Decision rationale: The MTUS are silent. The ODG notes that based on the evidence-based guides, intrathecal opiate pain pumps are 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: 1.Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; and 2.Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3.Further surgical intervention is not indicated; and 4.Psychological evaluation has been obtained and evaluation unequivocally states that the pain is not psychologic in origin and that benefit would occur with implantation; and 5.No contraindications to implantation exist such as sepsis or coagulopathy; and 6. 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 improved function and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-5 above are met. In this case, there is no psychological clearance or documentation of a lack of contraindications. The request is not medically necessary.

Oxycodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Page(s): 80-82, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Nucynta ER 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Page(s): 80-82, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: Nucynta is a strong medicine with opiate action. As shared earlier, in regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate is not medically necessary per MTUS guideline review.