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| <b>Case Number:</b>   | CM14-0158059 |                              |            |
| <b>Date Assigned:</b> | 10/01/2014   | <b>Date of Injury:</b>       | 11/04/2003 |
| <b>Decision Date:</b> | 12/24/2014   | <b>UR Denial Date:</b>       | 09/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2014 |

### 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 Anesthesia, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is an injured female worker. The date of injury is 11/4/03. The patient sustained an injury to the lumbar spine . The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the low back. The patient is diagnosed with failed back surgery syndrome. A request for a Prialt trial was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prialt Trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), IDDS Implatable Drug Delivery Systems (<http://odg.twc.com/odgtwc/pain.htm#Implantabledrugdeliverysystems>)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal drugs Page(s): 55.

**Decision rationale:** According to the MTUS, Prialt is a third line agent recommended after a failure of trial with intrathecal morphine or dilaudid. According to the documents available for review, there was no documentation of a failed trial of intrathecal morphine. Therefore at this

time the requirements for treatment have not been met and medical necessity has not been established. Therefore the request is not medically necessary.