

Case Number:	CM14-0027674		
Date Assigned:	03/07/2014	Date of Injury:	05/22/2007
Decision Date:	04/28/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56 YO male with date of injury of 05/22/2007. The listed diagnoses per [REDACTED] dated 12/10/2013 are: 1. Chronic low back pain 2. Bilateral sciatica with possible right L4,L5 and left L5 motor radiculopathy, per exam 3. Lumbar DDD, per MRI 4. Pain-related insomnia 5. Pain-related depression/anxiety 6. Possible post concessional brain injury 7. Chronic cervicalgia 8. Possible cervical radiculitis 9. Relevant history of remote substance abuse 10. Rule out right foot fracture According to the progress report dated 12/10/2013 by [REDACTED], the patient continues to complain of chronic low back pain, with radicular symptoms of pain, numbness, and tingling radiating into the bilateral lower extremities, left more than the right. He notes that his legs give out on him when he is walking. The patient is currently using a four wheel walker to assist with ambulation. The patient notes chronic intermittent neck pain radiating to his bilateral upper extremities. He also says that medications are necessary to help him manage his pain, enabling him to adequately function with upright activities of daily living. The patient notes 50% reduction of pain with the use of Methadone and Oxycodone. He rates his pain 8/10 without medications and 4/10 with medication. He further states that without his medications he could hardly engage in activities at all. He recently had a urine drug screen on 05/31/2013 that is consistent with his medication regimen. The patient has also signed a pain contract and has not exhibited aberrant behaviors due to medication use. Objective findings show cervical range of motion is slightly reduced in all planes except for flexion, which is moderately reduced. There is tenderness upon palpation of the lumbar spine and the bilateral lumbar paraspinal regions. Straight leg raise is positive on the right. His current medications include: Methadone 10mg with 2 tablets every 8 hours, Oxycodone 30mg 4 times a day as needed, Hydrochlorothiazide 25mg,

Atenolol 50mg, Levothyroxine 100mcg, Nexium 40mg, Ambien 10mg, and Restoril 30mg. The treater is requesting an intrathecal pump trial in order to reduce the patient's medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRATHERCAL PUMP TRIAL WITH ██████████ REQUEST FOR AUTHORIZATION 12-13-13: 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 PAIN CHAPTER

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic low back pain. The treating physician is requesting a trial of an intrathecal pump. The utilization letter dated 12/27/2013 denied the request stating that, "based on the records, there has been no evidence that the current high doses of opioids are being prescribed in accordance with the medical guidelines and there has been no additional documentation, since the prior denial for a morphine pump trial, of objective evidence of functional improvement results for the use of current or prior opioids." MTUS and ACOEM are silent with regards to this request. However, ODG Guidelines do discuss implantable drug delivery systems in the pain section, which states, "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. Indications for implantable drug delivery system when it is used for the treatment of non-malignant pain with a duration of greater than six months and all of the following criteria are met: 1. Documentation in the medical records of failure of 6 months of other conservative treatment modalities. 2. Intractable pain secondary to a disease state with objective documentation of pathology. 3. Further surgical intervention or other treatment is not indicated. 4. Psychological lab evaluation had been obtained. 5. No contraindications to implantation. 6. A temporary trial of spinal epidural or intrathecal opiates have been successful prior to permanent implantation with at least 50% to 70% reduction in pain." AME report dated 09/16/2013 by Dr. Steven Isono noted that the patient has previously utilized a functional restoration program which was unsuccessful. This report further notes that the patient has the desire to decrease his level of medications and increase his function. Review of over 200 pages of records show that the patient has utilized physical therapy and medication with minimal relief. There is also no indication that the patient will undergo future surgical intervention as treatment for his low back. However, none of the records show a psychological clearance for a trial of morphine pump. In this case, the patient does not meet one of the required criterion for an intrathecal pain pump, which is a psychological lab evaluation. ODG does require that all of the criteria be met before the use of this device. Therefore, recommendation is for denial.