

<b>Case Number:</b>	CM14-0091358		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/20/2005
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Orthopedic Spine Surgery, and is licensed to practice in Texas. 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 59 year old male who reported an injury on 03/20/2005. The mechanism of injury was not provided in these records. Diagnoses include lumbago, spondylosis without myelopathy, post laminectomy syndrome, depression, and Hepatitis C. Past treatments included crutches. Diagnostic studies were not provided. The injured worker has a history of spinal fusion at L4-5 and L5-S1, with post-surgical complications of MRSA, dates unknown. Clinical notes on 05/28/2014 state the injured worker complained of pain 4-9/10 in the back radiating to bilateral legs. Physical exam findings included tenderness on palpation to paraspinal muscles, restricted range of motion secondary to pain, patella reflex 2/4 bilaterally, Achilles reflex 1/4 bilaterally, and weakness to the lower extremities. Current medications included Dilaudid 4 mg three times a day, Carisoprodol, Cymbalta 60 mg, Gabapentin 600 mg, Hydromorphone 8 mg, Soma 350, MS Contin ER 200 mg two tabs every eight hours, and Temazepam 15 mg every night as needed. The treatment plan is for a pain pump trial with sedation under fluoroscopy for guidance to the lower back. The request for authorization and the rationale for this request were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain pump trial with sedation under fluoroscopy for guidance to lower back.:** 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 opiate pain pumps.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-53.

**Decision rationale:** The request for Pain Pump Trial with sedation under fluoroscopy for guidance to lower back is not medically necessary. The injured worker is a 59 year old male who complains of back pain radiating to the lower extremities. California MTUS guidelines state that Implantable Drug-Delivery Systems (IDDSs) are recommended only as an end-stage treatment alternative for selected patients for the specific conditions indicated below, after failure of at least six months of less invasive methods, and following a successful temporary trial. Results of studies of opioids for musculoskeletal conditions indicate IDDSs may be appropriate in selected cases for chronic, severe low back pain or failed back syndrome. This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. For most patients it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. The guidelines state that the specific criteria in these cases include the failure of at least 6 months of other conservative treatment modalities, further surgical intervention is not indicated, and psychological evaluation unequivocally states that the pain is not psychological in origin. The date for spinal fusion surgery is not provided. While the clinical notes provide evidence of post-surgical back pain not relieved by medications, it is unclear exactly how long the injured worker has been using pain medications, nor do the clinical notes state whether or not further surgical interventions are an option. At this time a psychological evaluation has not been completed with reference to the origin of the pain. For these reasons, the request for a Pain Pump Trial is not medically necessary.