MAXIMUS Federal Services

Case Number:	CM14-0210038		
Date Assigned:	01/08/2015	Date of Injury:	07/26/1994
Decision Date:	03/04/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 26, 1994.In a Utilization Review Report dated December 2, 2014, the claims administrator failed to approve a request for an intrathecal pain pump reimplantation and also failed to approve a request for a urine drug test. The claims administrator referenced some RFA forms of November 19, 2014 and September 11, 2014 in its determination, along with a progress note of September 9, 2014.The applicant's attorney subsequently appealed.On January 22, 2015, the attending provider stated that he was going to wean the applicant off of unspecified medications owing to inconsistent drug test results.On January 12, 2015, the applicant reported persistent complaints of low back, leg, and hip pain. The attending provider posited that the applicant's medications consumption was keeping him out of the Emergency Department setting. The applicant was severely obese with a BMI of 41. The applicant's medication list included Duragesic, testosterone, Maxalt, Norco, Soma, Subsys, and Zofran. The applicant did have derivative complaints of depression and anxiety. The applicant was status post total hip arthroplasty, spinal cord stimulator trial, implantation, and subsequent explantation. The applicant was status post an intrathecal pain pump implantation with subsequent explantation. The attending provider suggested that the applicant retry an intrathecal pain pump while continuing Duragesic, Norco, Subsys, Androgen, Zofran, Maxalt, and Soma. The attending provider suggested that the applicant consider employing Methadone. The applicant was represented, the attending provider noted. The applicant's work status was not clearly stated, although it did not appear that the

applicant was working after a previously failed fusion procedure. Urine drug testing was also ordered.In a December 17, 2014 primary treating provider progress note, the applicant was described as "disabled and retired." The attending provider suggested that the applicant detoxify off of opioids. The attending provider suggested that the applicant was "disabled and retired." A weight loss program and an in-hospital opioid detoxification program were recommended.On progress notes of December 15, 2014 and October 20, 2014, the attending provider seemingly suggested that he was ordering repeat drug testing on those dates, while portions of the same note suggested that the attending provider was ordering drug testing on a p.r.n. basis. The composition of the drug panel at issue was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

IT Pump Trial - Reimplant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Indications for Implantable Drug-Del.

Decision rationale: 1. No, the proposed intrathecal pain pump trial reimplantation was not medically necessary, medically appropriate, or indicated here.While page 53 of the MTUS Chronic Pain Medical Treatment Guidelines does support a temporary trial of epidural or intrathecal opioids in applicants have chronic intractable pain in whom strong opioids or other analgesics in adequate dosage have been tried and/or failed, whose life expectancy is greater than three months, who do not have tumor encroachment upon the thecal sac, and did not have medical contraindication to implantation such as sepsis or coagulopathy, this tepid recommendation is qualified by commentary on page 54 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that a precursor psychological evaluation with a conclusion that an applicant's pain is not primarily psychological in origin be obtained prior to pursuit of a spinal cord stimulator trial and on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant has not had a precursor psychological evaluation prior to the most recent intrathecal pain pump implantation request. While the applicant may have had a previous favorable precursor psychologic evaluation at a historical point in time, it did not appear that a precursor psychological evaluation was obtained in December 2014-January 2015, i.e., prior to the most recent request. It is further noted that the applicant already had a previous intrathecal pain pump trial and implantation. The intrathecal pain pump was ultimately explanted on the grounds that it was unsuccessful. The applicant failed to return to work. The applicant was deemed disabled, the treating provider acknowledged. The applicant remained dependent on a variety of opioid and nonopioid agents, including Duragesic, Subsys, AndroGel, Soma, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite

a previous trial of an intrathecal pain pump. Therefore, the request for a reimplantation of the intrathecal pain pump was not medically necessary.

UDT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing Topic.

Decision rationale: 2.Similarly, the request for urine drug testing was likewise not medically necessary, medically appropriate, or indicated here.While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing Topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, and attempt to categorize the applicants into higher or lower risk categories for which more or less frequent drug testing would be indicated. Here, the attending provider did not clearly state what drug tests and/or drug panels he intended to test for. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation (DOT) when drug testing, nor did the attending provider signal his intention to eschew confirmatory and/or quantitative testing. Multiple progress notes, including the October 20, 2014 and December 15, 2014 progress notes, did not clearly reconcile and/or clearly furnish the applicant's complete, updated medication list. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.