

<b>Case Number:</b>	CM14-0212580		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	10/08/1996
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 records made available for review, this is a 67-year-old male with a 10/8/96 date of injury. At the time (12/1/14) of the request for authorization for intrathecal opioid trial, there is documentation of subjective (low back pain radiating to the left lower extremity and right lower extremity) and objective (lumbar spine is tender to palpation especially L5-S1, decreased lumbar spine range of motion, sensation is decreased along the lateral left calf and anterolateral left thigh and medial right knee) findings, current diagnoses (lumbar stenosis, degeneration of lumbar disc, lumbosacral radiculitis, post-laminectomy syndrome lumbar, and quadratus lumborum syndrome), and treatment to date (medication, epidural steroid injection, spinal cord stimulator, and psych evaluation). There is no documentation that further surgical intervention is not indicated and no contraindications to implantation exist such as sepsis or coagulopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intrathecal Opioid trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic tractable pain with a duration of greater than 6 months; failure of six (6) months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; intractable pain secondary to a disease state with objective documentation of pathology in the medical record; further surgical intervention is not indicated; psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity; and no contraindications to implantation exist such as sepsis or coagulopathy, as criteria necessary to support the medical necessity of an intrathecal opioid pump trial. Within the medical information available for review, there is documentation of diagnoses of lumbar stenosis, degeneration of lumbar disc, lumbosacral radiculitis, post-laminectomy syndrome lumbar, and quadratus lumborum syndrome. In addition, there is documentation of chronic tractable pain with a duration of greater than 6 months; failure of six (6) months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity. However, there is no documentation that further surgical intervention is not indicated and no contraindications to implantation exist such as sepsis or coagulopathy. Therefore, based on guidelines and a review of the evidence, the request for intrathecal opioid trial is not medically necessary.