

Case Number:	CM14-0213176		
Date Assigned:	12/30/2014	Date of Injury:	09/27/2006
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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:

The patient is a 60 year old female with an injury date on 9/27/06. The patient complains of low lumbar pain and cervical pain, with 80% of pain in her back and 20% in her neck per 4/15/14 report. The patient is able to sit 15 minutes, stand 60 minutes, and walking is limited per 9/24/14 report. The patient does drive, and does not use assistive devices for ambulation per 9/24/14 report. The patient is decreasing use of Kadian to every other day per 8/7/14 report. Based on the 9/24/14 progress report provided by the treating physician, the diagnoses are: 1. Failed back surgery syndrome lumbar secondary to industrial injury. 2. Lumbar degenerative disc disease with intractable lower back pain secondary to industrial injury. 3. Anxiety. 4. IT morphine pump at end of replacement interval. 5. Chronic pain syndrome. Most recent physical exam with findings on 4/15/14 showed "strength and sensation is equal bilaterally." No range of motion testing of the lumbar was found in provided reports. The patient's treatment history includes medications, intrathecal pain pump, bilateral hip replacements in 3008 and 2010, three bilateral knee meniscus surgeries, psychological therapy. The treating physician is requesting intrathecal pain pump replacement. The utilization review determination being challenged is dated 11/21/14 and denies request as patient has insufficient functional restoration noted in medical records to justify continuation of opioids including delivered via intrathecal pump. The requesting physician provided treatment reports from 4/15/14 to 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Pain Pump Replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia Chapter, Post-op ambulatory infusion pumps (local anesthetic)

Decision rationale: This patient presents with lower back pain. The treater has asked for Intrathecal Pain Pump Replacement on 9/24/14. The treater states: "The pump was interrogated, and her refill date is 4/28/14 with an interval replacement of 8 months. We will need to replace the pump within the next 6 months please authorize" per 9/24/14 report. Per utilization review letter dated 11/21/14, this is the patient's third intrathecal pump. Per utilization review letter dated 11/21/14, the reason for pump replacement is due to end of life of pump and battery. The estimated end of "life of battery is 4 months (as of 8/7/14). Reportedly, the pump and battery will last 5-7 years." Regarding Implantable drug-delivery systems (IDDSs), MTUS recommends only as an end-stage treatment alternative for selected patients for liver, colorectal, and head/neck cancers, severe spasticity for patients who cannot tolerate oral Baclofen therapy, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (for which a pump would be used), although IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome." The guidelines do not provide information regarding the life-time of the morphine pumps. In this case, the patient has failed conservative treatment and has failed back surgery syndrome. The use of Intrathecal Pump for patient's severe chronic back pain may be indicated but the UR letter indicates that this would be the patient's third pump replacement. The treater does not explain why another replacement is needed. The pump's battery life should last at least 5-7 years, if not 10 years depending on the use. It would appear that the patient pump unit was just recently replaced a year or two ago, and there does not appear to be any reason for another replacement. The request is not medically necessary.