

Case Number:	CM14-0215977		
Date Assigned:	01/06/2015	Date of Injury:	09/11/2000
Decision Date:	02/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/24/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 66-year-old male worker with a work injury dated September 11, 2000. At the physician's visit dated November 17, 2014, the worker was complaining of chronic back pain. Pain was located in the lower back with radiation to both lower extremities. Associated symptoms were numbness and burning in bilateral feet and spasms of the left thigh. The worker stated that baclofen helped with spasms and hydrocodone/ibuprofen reduced his pain score. Average pain score was five on a scale of ten and severe enough to limit activity. The worker had also been receiving chiropractic treatments and physical therapy. The worker had recently not been taking medications because he could not afford to purchase his medications. Physical exam was remarkable for normal range of motion, multiple trigger points noted during lower lumbar palpation. Diagnoses at this visit included lumbar radiculopathy, myofascial pain, mononeuritis and post laminectomy syndrome. Plan of care at this visit included continuation of physical therapy, TENS unit for myofascial component of pain, continuation of current medication regime, a bowel regimen for constipation and consideration for a spine chord stimulator or intrathecal pump due to failed multiple modalities of treatment. The utilization review decision dated December 8, 2014 non-certified the request for a one-month trial of placement of Medtronic intrathecal pain pump. The rationale for non-coverage states that placement of a Medtronic intrathecal pain pump is recommended only as end-stage treatment in selected cases of chronic intractable pain from other therapies. This treatment should only be use when there is little hope for effective management of chronic intractable pain. Based on these guidelines the request was non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trial placement of Medtronic intrathecal pain pump: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Implantable Drug Delivery Systems, Intrathecal Pain Pumps

Decision rationale: Pursuant to the Official Disability Guidelines, trial placement Medtronic intrathecal pain pump is not medically necessary. The guidelines indicate implantable drug delivery systems (IDDS) are recommended only as end stage treatment in selected cases of chronic intractable pain. The treatment should only be used when there is little hope for effective management of chronic intractable pain from other therapies. In most cases, it should be used as part of a program to facilitate decreased opiate dependence, functional restoration and return to activity and not just for pain reduction. In this case, the injured workers working diagnoses are lumbar radiculopathy; myofascial pain; mononeuritis; and post laminectomy syndrome. The injured worker's medications are Hydrocodone/Ibuprofen 7.5/200 mg; Lidoderm 5% patch; Baclofen 10 mg and Gabapentin 800 mg. The treating physicians indicates in November 19, 2014 progress note that the injured worker has been stable on medications for several years. The provider has discussed an intrathecal pain pump with the injured worker. The guidelines indicate IDDSs are recommended as an end stage treatment for chronic intractable pain. There was no documentation in the medical record presenting the need to provide functional restoration and a return to activity. Moreover, the injured worker reported benefit the use of opiate medications and their was no objective documentation of any activity restrictions. Consequently, absent clinical documentation to support the use of an implantable drug delivery system and the criteria, trial placement Medtronic intrathecal pain pump is not medically necessary.