

<b>Case Number:</b>	CM14-0216186		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/28/2000
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 59-year-old with a reported date of injury of 06/28/2000. The patient has the diagnoses of C3-5 disc degeneration, cervical radiculopathy, left shoulder impingement/AC joint degenerative disc disease, status post 2 shoulder arthroscopic surgeries, hydrocele/epididymitis, testicular pain, facet arthropathy L4-S1, right knee internal derangement status post arthroscopy x2, L1-3 and L4-S1 disc degeneration and failed spinal cord stimulator test. Past treatment modalities have also included epidural injections and physical therapy. Per the progress notes from pain management dated 10/14/2014, the patient had complaints of neck and back pain. The physical exam noted lumbar decreased range of motion and paraspinal tenderness, SI joint tenderness, lumbar facet joint tenderness and a positive straight leg raise test on the right. Treatment plan recommendations included steroid bursa injection, Cymbalta, bilateral L4/5 medical branch block, aquatic therapy, and consideration of intrathecal pain pump and continuation of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain pump trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 53-55, 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines IDDS  
Page(s): 52-53.

**Decision rationale:** Indications for Implantable drug-delivery systems: Implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of: Primary liver cancer (intrahepatic artery injection of chemotherapeutic agents); Metastatic colorectal cancer where metastases are limited to the liver (intrahepatic artery injection of chemotherapeutic agents); Head/neck cancers (intra-arterial injection of chemotherapeutic agents); Severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen (Lioresal) therapy (intrathecal injection of baclofen). Permanently implanted intrathecal (intraspinal) infusion pumps for the administration of opiates or non-opiate analgesics, in the treatment of chronic intractable pain, are considered medically necessary when: Used for the treatment of malignant (cancerous) pain and all of the following criteria are met: Strong opioids or other analgesics in adequate doses, with fixed schedule (not PRN) dosing, have failed to relieve pain or intolerable side effects to systemic opioids or other analgesics have developed; and Life expectancy is greater than 3 months (less invasive techniques such as external infusion pumps provide comparable pain relief in the short term and are consistent with standard of care); and Tumor encroachment on the thecal sac has been ruled out by appropriate testing; and No contraindications to implantation exist such as sepsis or coagulopathy; and A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by a 50% reduction in pain. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-4 above are met. Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; and Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and Further surgical intervention or other treatment is not indicated or likely to be effective; 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; and No contraindications to implantation exist such as sepsis or coagulopathy; and A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-5 above are met. There is no provided psychological evaluation showing that benefit would occur with implantation. Therefore all criteria as set forth above have not been met and the request is not certified.

**Norco 10/325mg #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000). Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). Continuing review of overall situation with regard to nonopioid means of pain control. Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids If the patient has returned to work, If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication is not recommended unless certain objective outcome measures have been met as defined above. There is no provided objective outcome measure that shows significant improvement in function while on the medication. There is no evidence of failure of other conservative treatment modalities and other first line choices for chronic pain. There is no documentation of significant improvement in VAS scores while on the medication (improvement noted to go from a 8/10 to a 7/10). For these reasons criteria for ongoing and continued use of the medication have not been met. Therefore the request is not certified.