

<b>Case Number:</b>	CM14-0219160		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	02/25/2001
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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 & Rehabilitation, Pain Management

### 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 patient with a date of injury of February 25, 2001. A utilization review determination dated December 22, 2014 recommends noncertification of "lumbar spinal injection of opioid with 4 day stay at hospital." Noncertification is recommended due to lack of documentation that the patient is on an inordinately high dose of opioids, no documentation of opioid toxicity, and lack of guideline support for the use of opioids in the treatment of CRPS. A progress report dated January 5, 2015 identifies subjective complaints of left leg pain rated as 8/10. She would like to hold off on a stimulator trial as "the timing is not right for her." Previously prescribed medications include Topamax, methadone, venlafaxine, Lidoderm, MSContin, Topamax, and trazodone. Physical examination findings reveal hyperesthesia in both shins with allodynia in the left greater than right foot. Range of motion is decreased and her skin is shining in the left foot and also the foot is swollen. Diagnoses include CRPS in the lower extremity, knee pain, and low back pain. The treatment plan states that the patient's pump trial was denied by insurance and that she has signed an IMR today to appeal the decision. The note goes on to indicate that the patient has had pain for more than 6 months with multiple epidural injections and 3 back surgeries. She has been forced by utilization review to reduce the use of medications. She has had a spinal cord stimulator implant which only helps with leg pain but not low back pain. Therefore, a pump trial was requested. The patient continues to use a home exercise program, has lost a significant amount of weight, but continues to have ongoing pathology in her lumbar spine which causes her pain. The note goes on to state that morphine or Prilal may be effective for her. Additionally, the note states that a hospital stay is not required, but that the patient can

go to the surgery center daily for 3 to 4 days. The note states that the patient previously underwent a psychological evaluation with clearance for implantable therapy. A previous progress reports dated December 8, 2014 states that the risks and benefits of an intrathecal pump have been explained to the patient. She has also been instructed to document functional goals and activities. A psychological consultation dated September 18, 2014 states that the patient may benefit from an intrathecal pump trial.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar spinal injection of opioid with four day inpatient hospital stay: 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 Page(s): 52 of 127.

**Decision rationale:** Regarding the request for an intrathecal pump, Chronic Pain Medical Treatment Guidelines state that implantable drug delivery systems are recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below including failure of at least 6 months of less invasive methods and following a successful temporary trial. Psychological clearance is required. Within the documentation available for review, it appears the patient has undergone numerous conservative treatment options. Medication has been reportedly denied through utilization review necessitating lowering the patient's dose. Additionally, there is documentation of a psychological evaluation which recommends clearing the patient for an intrathecal pump trial. However, the patient recently stated that she would like to hold off on undergoing a trial as "the timing is not right for her." Additionally, the requesting physician states that he will place the patient in a surgery center for 3 to 4 consecutive days, whereas the current request is for a four-day inpatient hospital stay, and there is no provision to modify the current request. In the absence of clarity regarding these issues, the currently requested lumbar spinal injection of opioid with 4 day inpatient hospital stay is not medically necessary.