

Case Number:	CM14-0219320		
Date Assigned:	01/09/2015	Date of Injury:	09/07/2008
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	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: Orthopedic Surgery

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 injured worker is 52 year old male, who sustained an industrial injury on 09/07/2008. He has reported low back pain. The diagnoses have included recurrent disc herniation. Treatment to date has included L5-S1 laminectomy/discectomy, MRI of lumbar spine, pain medication and physical therapy. Currently, the IW complains of lower back pain that radiates down leg. Treatment plan included On-Q pain Pump Purchase. On 12/15/2014 Utilization Review non-certified On-Q pain Pump Purchase, noting as not medically necessary. The MTUS, ACOEM Guidelines, and ODG were cited. On 12/31/2014 the injured worker submitted an application for IMR for review of On-Q pain Pump Purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

One On-Q pain pump purchase, provided on June 25, 2013: 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), Shoulder Chapter, Post-Operative Pain Pump Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, Postoperative pain pumps 1.)Ciccone WJ 2nd,

Busey TD, Weinstein DM, Walden DL, Elias JJ. Assessment of pain relief provided by interscalene regional block and infusion pump after arthroscopic shoulder surgery. *Arthroscopy*. 2008 Jan;24(1):14-9. 2.)ODG Online edition, 2014. 3.)Matsen FA 3rd, Papadonikolakis A. Published evidence demonstrating the causation of glenohumeral chondrolysis by postoperative infusion of local anesthetic via a pain pump. *J Bone Joint Surg Am*. 2013 Jun 19;95(12):1126-34.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder pain pumps. ODG Low back is silent on the issue of pain pumps. Per the Official Disability Guidelines, Online edition, Shoulder Chapter, regarding postoperative pain pumps, "Not recommended. Three recent moderate quality RCTs did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed, randomized, controlled studies with small populations." As the guidelines and peer reviewed literature does not recommend pain pumps, the determination is for non-certification.