

Case Number:	CM15-0010283		
Date Assigned:	01/27/2015	Date of Injury:	11/03/1998
Decision Date:	03/24/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/17/2015

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:

The patient is a 57 year old male who sustained a work related injury to his back when he fell from scaffolding on November 3, 1998. The injured worker was diagnosed with chronic pain syndrome, lumbar radiculopathy, degenerative disc disease lumbar spine, anxiety, insomnia, depression and opioid dependence. The injured worker underwent anterior cruciate ligament repair in 2000, Intrathecal drug system with re implant in 2007 and subsequently explanted due to infection according to the physician's progress report on June 13, 2014. According to the treating physician's progress report on December 3, 2014 the patient continues to experience pain in the head, neck, bilateral arms, bilateral shoulders, thoracic spine, bilateral hips, bilateral lower back, buttocks, groin, bilateral legs, and ankles and feet with spasticity worsening. He ambulates without assistive devices. Current medications include OxyContin, Norco, Valium, Lyrica, Zanaflex, Trazadone, Axert, and Ibuprofen, Lidoderm patches, Flector patches and Protonix. Treatment modalities have consisted of nerve blocks, sacroiliac (SI) joint blocks, and facet joint blocks and intrathecal drug implant. The treating physician requested authorization for Insertion of Implantable Drug Delivery System (IDDS) trial for chronic pain. On December 25, 2014 the Utilization Review denied certification for Insertion of Implantable Drug Delivery System (IDDS) trial. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Insert Drug Implant Device --implantable drug delivery system (IDDS) trial for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications; Anti-Inflammatory; Benzodiazepines; Imp. Decision based on Non-MTUS Citation AECOM Chapter 6; Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014: Head-Triptans: Pain-Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug delivery system Page(s): 52-54. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, Implantable drug delivery system

Decision rationale: Pursuant to the Official Disability Guidelines, implantable drug delivery system (IDDS) trial for the lumbar spine is medically necessary. IDDS is used for treatment of nonmalignant (noncancerous) pain with the duration greater than six months when all of the following criteria are met: documentation, in the medical record, of the failure of six months of other conservative treatment modalities (pharmacologic, surgical, psychological or physical) if appropriate and not contraindicated; intractable pain secondary to a disease state with objective documentation of pathology in the medical record; further surgical intervention or other treatment is not indicated are likely to be effective; and psychological evaluation has been obtained and evaluation states the pain is not primarily psychological origin and that benefit would occur with implantation despite any psychiatric comorbidity; and no contraindications to implantation such as sepsis; a temporary trial of spinal opiates has been successful prior to permanent implantation as defined by at least 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. In this case, the injured worker's working diagnoses are chronic pain syndrome; back pain, lumbar; lumbar radiculopathy; DDD, lumbar spine; anxiety; depression; insomnia, chronic; and opioid dependence. The injured worker had a prior IDDM that was effective for six years. The unit became infected, the injured worker developed sepsis and the unit was removed. The medical record is 49 pages in length. Much of the documentation for criteria is missing from the medical record. Subjectively, the injured worker complains of pain in the head, bilateral arms, bilateral legs, bilateral shoulder, bilateral buttocks, thoracic spine, bilateral elbows, bilateral hips, chest wall, bilateral knees, abdomen, bilateral low back, and bilateral ankles/feet, groin. Objectively, the injured worker was in mild distress displaying normal pain behaviors. There is no evidence of over medication or sedation. There was tenderness to help patient of the lumbar spine with decreased range of motion. The medications include Medrol 4mg, Oxycontin 20mg, Norco 10/325mg, Valium 10mg, Lyrica 75 mg, Zanaflex 4mg, Trazadone HCL 50mg, Axert 12.5mg, Ibuprofen 800mg, Senokot, Lidoderm 5% patch, Flector 1.3% patch, and Protonix 20mg. On November 17, 2014 the pain psychologist cleared the injured worker for implantation of the IDDS. Consequently, based on the history of a prior IDDS effective for six years with subsequent removal due to sepsis and psychological clearance with documentation of the criteria enumerated above, an implantable drug delivery system (IDDS) trial for the lumbar spine is medically necessary.