

<b>Case Number:</b>	CM15-0014479		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	04/03/2001
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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  
 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 injured worker is a 65 year old female who sustained an industrial injury on 04/03/01. She reports left wrist and hand pain. Treatments to date include an intrathecal medication delivery system on 09/25/08, with a revision on 05/09/11. She has monthly pump refills. The diagnosis is complex regional pain disorder left upper extremity. Blood collection on 12/3/14 was consistent. In a progress note dated 12/30/14, the treating provider reports an estimated 5 month interval for pump replacement and an additional 3 months of battery life. On 01/12/15 Utilization Review non-certified the intrathecal pump replacement citing MTUS guidelines as 5 month remained on the lifetime of the pump. The associated services of preoperative labs, chest x-ray, EKG, nasal MRSA test, serum blood toxicology, and Zanaflex were also subsequently non-certified as the operative procedure was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intrathecal Pump Replacement:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 51-53. Decision based on Non-MTUS Citation medtronic.com

**Decision rationale:** According to the MTUS guidelines, implantable drug-delivery systems (IDDSs) are recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. References state that implantable drug-delivery systems have a maximum of seven year battery life. The injured worker underwent intrathecal medication delivery system on 09/25/08 for the diagnosis of chronic regional pain syndrome. At the time, the request for replacement is supported. The request for intrathecal pump replacement is medically necessary.

**Pre-Op Labs: Comprehensive Metabolic Panel (CMP), Complete Blood Count (CBC):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter Preoperative testing, general

**Decision rationale:** According to the Official Disability Guidelines, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The injured worker will be undergoing intrathecal pump replacement and the request for Pre-Op Labs: Comprehensive Metabolic Panel (CMP), Complete Blood Count (CBC) is medically necessary.

**Pre-Op Chest X-Ray:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter Preoperative testing, general

**Decision rationale:** According to the Official Disability Guidelines, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than

medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The injured worker will be undergoing intrathecal pump replacement and the request for Pre-Op chest X-ray is medically necessary.

**Pre-Op Electrocardiography (EKG): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter Preoperative testing, general

**Decision rationale:** According to the Official Disability Guidelines, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The injured worker will be undergoing intrathecal pump replacement and the request for Pre-Op electrocardiography is medically necessary.

**Pre-Op Nasal PCR Test for MRSA: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Clinical Microbiology 42.12 (2004): 5578-5581 PMC. Web. 9 Jan 2015

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter Preoperative testing, general

**Decision rationale:** According to the Official Disability Guidelines, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The injured worker will be undergoing intrathecal pump replacement and the request for Pre-Op Nasal PCR Test for MRSA) is medically necessary.

**Zanaflex 4mg Qty 60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** According to the MTUS guidelines, Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The guidelines state that muscle relaxants are not indicated for chronic use. However Tizanidine can also be used in setting of neuropathic pain due to it being an alpha 2 receptor agonist. The request for Zanaflex 4 mg #60 is medically necessary.

**Serum Blood Toxicological Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/Addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids criteria for use Page(s): 43. 75-78.

**Decision rationale:** According to the MTUS guidelines, drug testing is recommended as an option to assess for the use or the presence of illegal drugs. The medical records do not establish that there is concern regarding the use or the presence of illegal drugs. The medical records also do not establish that there is concern for possible misuse of controlled substances and/or addiction. In addition a blood toxicological test performed on 12/3/14 and was consistent. The request for repeat screening is not supported. The request for Serum Blood Toxicological Screening is not medically necessary.