

Case Number:	CM15-0015148		
Date Assigned:	02/03/2015	Date of Injury:	03/21/1996
Decision Date:	03/26/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 58-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 25, 1996. In a Utilization Review Report dated January 24, 2015, the claims administrator partially approved a request for 20-pump refills and reprogram procedures to one-pump refill and associated reprogram procedure. The claims administrator noted that the applicant had undergone a failed lumbar fusion surgery. The claims administrator referenced a January 26, 2015 progress note in its determination. The claims administrator suggested that the applicant was status post earlier spinal cord stimulator implantation and status post earlier intrathecal drug delivery system implantation. In a January 19, 2015 office visit, the applicant reported ongoing complaints of low back pain, morbid obesity, opioid dependence, and chemical dependence. Multiple requests for Dilaudid and Norco were endorsed. The attending provider reprogrammed the applicant's intrathecal pain pump. It was suggested that the applicant's intrathecal pain pump was reaching end of his battery life. The applicant was asked to try and cease smoking. On September 15, 2014, the applicant was again given multiple refills of Actiq, Dilaudid, and Norco. The applicant was asked to try and wean off of opioid therapy. The applicant did have a variety of superimposed mental health issues, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 pump refills and reprogramming: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Implantable drug-delivery systems Page(s): Chronic Pain Medical Treatment Guidel.

Decision rationale: 1. No, the request for 20 intrathecal pain pump refills and associated reprogram procedures was not medically necessary, medically appropriate, or indicated here. While page 54 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that intrathecal pain pumps can be employed in applicants with chronic nonmalignant pain so as to administer opioid analgesics, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, previous usage of intrathecal pain pump has, at best, provided temporary pain relief. The applicant appears to be off of work. The applicant appears to be using a variety of oral opioids, including Actiq, Dilaudid, Norco, etc. Performing 20 consecutive intrathecal pain pump reprogramming procedures without intervening office visits to reevaluate the applicant so as to ensure ongoing benefit with the same, thus, runs counter to the philosophy espoused on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.