

Case Number:	CM15-0115986		
Date Assigned:	06/24/2015	Date of Injury:	12/30/1986
Decision Date:	07/23/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, 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 58 year old male, who sustained an industrial injury on 12/30/86. Initial complaints were not reviewed. The injured worker was diagnosed as having low back pain and post lumbar spine surgery syndrome. Treatment to date has included status post L4 laminectomy (1987); status post L4-5 fusion (1988); L4-5 fusion with hardware (1990); status post implantation of intrathecal pain pump; urine drug screening; intrathecal pain pump; medications. Currently, the PR-2 notes dated 5/13/15 indicated the injured worker was in the office as a follow-up for re-evaluation of chronic low back pain and bilateral lower extremity pain. His symptoms remain managed with the intrathecal pain pump therapy, Cymbalta 60mg twice daily, Flexeril 10mg three times daily and Norco 10/325 one four times daily. He continues to experience improvement in pain and functional benefit with escalation of pump medications. Oral pain medications continue to be denied. The physical examination notes the injured worker is in a moderate amount of distress complaining of low back pain. The lumbar spine is noted with tenderness to palpation at spine levels L4-5 L5-S1 with complaint of bilateral lower extremity discomfort in an L5 pattern. The abdominal incisions well-healed and pain pump was readily palpable with no focal deficits or peripheral edema notes. He has a well-coordinated tandem gait. The provider documents his assessment as low back pain and post lumbar spine surgery syndrome. The provider documents his treatment plan continues to escalate the pain pump regularly and on this date by 11% to reflect a dose of morphine 2.583mg/day, Clonidine was escalated proportionately to 77.48mcg/day. The injured worker is noted not to have managed to establish a PCP; so oral opioid medications were not continued. The pump end life is 5 months away from this date, so the provider is requesting authorization at this time

for replacement of the intrathecal pump; in anticipation that it takes longer for this type of service to be approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Intrathecal pain pump replacement: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal pump placement Page(s): 53.

Decision rationale: According to the guidelines, criteria for a pump is: Implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of: Primary liver cancer (intrahepatic artery injection of chemotherapeutic agents); Metastatic colorectal cancer where metastases are limited to the liver (intrahepatic artery injection of chemotherapeutic agents); Head/neck cancers (intra-arterial injection of chemotherapeutic agents); Severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen (Lioresal) therapy (intrathecal injection of baclofen). In this case there is no mention of severe refractory spasms that have failed Baclofen. The claimant was only on oral Flexeril. The claimant was moderate opioid risk and had been on Norco as well. The claimant required escalation in dose indicating increased opioid tolerance. In addition, pain scores were not recently noted. The request for a pump renewal - 5 months in advance is not medically necessary.