

Case Number:	CM15-0119189		
Date Assigned:	06/29/2015	Date of Injury:	08/30/2005
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 44 year old female, who sustained an industrial injury on August 30, 2005. Treatment to date has included opioid medications and topical medications. Currently, the injured worker complains of low back and bilateral lower extremities pain. She describes the pain as aching and has slight to moderate pain in the left leg. Escalating activities of daily living aggravate the symptoms and reducing her activities of daily living improves the symptoms. The diagnosis associated with the request is lesion of the sciatic nerve. The treatment plan includes Butrans, Tramadol for breakthrough pain and follow-up evaluation. A request was received for intrathecal opioid trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Opioid Trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-53. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Implantable drug-delivery systems (IDDSs).

Decision rationale: Intrathecal opioid trial is not medically necessary per the ODG Guidelines and the MTUS Guidelines. The MTUS states that the results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (for which a pump would be used), although IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. For most patients, it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. The ODG states that a temporary trial of intrathecal (intraspinial) infusion pumps can be used in malignant cancer pain and also used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met and documented by treating providers in the medical record: (1) Non-opioid oral medication regimens have been tried and have failed to relieve pain and improve function (see functional improvement); and (2) At least 6 months of other conservative treatment modalities (injection, surgical, psychologic or physical), have been ineffective in relieving pain and improving function; and (3) Intractable pain secondary to a disease state with objective documentation of pathology in the medical record (per symptoms, physical examination and diagnostic testing); and (4) Further surgical intervention or other treatment is not indicated or likely to be effective; and (5) Independent psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin, the patient has realistic expectations and that benefit would occur with implantation despite any psychiatric comorbidity; and (6) No contraindications to implantation exist such as sepsis, spinal infection, anticoagulation or coagulopathy; and (7) There has been documented improvement in pain and function in response to oral opioid medications but intolerable adverse effects preclude their continued use. The documentation does not indicate significant functional improvement on oral opioids or intolerable adverse effects from oral opioids therefore this request is not medically necessary. The documentation indicates pain behaviors and it is not clear that the patient has realistic expectations that benefit would occur from this implantation. The request for this trial is not medically necessary.