

Case Number:	CM15-0122662		
Date Assigned:	07/06/2015	Date of Injury:	04/03/2000
Decision Date:	08/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/25/2015

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: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 04/03/2000. He has reported injury to the neck and low back. The diagnoses have included chronic pain syndrome; cervicalgia; degenerative disc disease, cervical spine; degenerative disc disease, lumbar spine; facet arthropathy; failed back surgery syndrome, lumbar; status post C5-6 anterior discectomy, fusion, and instrumentation, 2012; status post L5-S1 fusion, 2003, and hardware removal, 2007; and status post L4-5 fusion, 2009. Treatment to date has included medications, diagnostics, injections, aquatic therapy, surgical intervention, and home exercise program. Medications have included Ibuprofen, Lyrica, Soma, Morphine Sulfate, Fentanyl Patch, Alprazolam, Restoril, and Prilosec. A progress note from the treating physician, dated 06/12/2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the bilateral arms, bilateral legs, neck, bilateral shoulders, bilateral buttocks, bilateral hips, and bilateral low back; there is no change in pain control since the last visit and the pain is constant the pain is made worse by lifting, sitting, bending, physical activity, stress, and standing; the pain is made better by sleep, medication, nerve blocks, and changing positions; over the past month, the least pain is rated 3/10 on the pain scale, the average pain is 5/10, and the worst pain is 6/10, with one being the least pain and 10 being the worst pain; in the last month, the pain is rated from 6-9/10 without medications. Objective findings included he uses a cane with ambulation; slow form sit to stand transfer; sitting up in chair during appointment; and per the psychological evaluation for implantable, it is indicated that the injured worker is an

acceptable candidate. The treatment plan has included the request for one spinal opiate trial, fluoroscopy and monitored sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One spinal opiate trial, fluoroscopy and monitored sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Implantable drug-delivery systems (IDDSs) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems Page(s): 52-54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Implantable drug-delivery systems.

Decision rationale: Based on the 07/10/15 progress report provided by treating physician, the patient presents with pain to bilateral arms, bilateral legs, neck, bilateral shoulders, bilateral buttocks, bilateral hips, bilateral hands and bilateral low back. The patient is status post C5-6 discectomy fusion 2012, L4-5 fusion 2009, and L5-S1 fusion 2003, hardware removal 2007. The request is for ONE SPINAL OPIATE TRIAL, FLUOROSCOPY AND MONITORED SEDATION. RFA with the request not provided. Patient's diagnosis on 07/10/15 includes chronic pain syndrome NOS, lumbar failed back surgery syndrome, cervicgia, lumbar and cervical spine degenerative disc disease, facet arthropathy, anxiety, and chronic insomnia. Physical examination on 07/10/15 revealed decreased range of motion to the neck. The patient uses a cane to ambulate and has a slow form sit to stand transfer. Treatment to date has included surgeries, diagnostics, injections, aquatic therapy, home exercise program, and medications. Patient's medications include Ibuprofen, Lyrica, Soma, Morphine Sulfate, Fentanyl Patch, Alprazolam, Restoril, and Prilosec. Patient's work status not available. Treatment reports provided from 01/07/15 - 07/10/15. MTUS Chronic Pain Medical Treatment Guidelines discusses the use of intrathecal morphine pumps on pages 52-54, under Implantable drug-delivery systems (IDDSs). When used for non-malignant (non-cancerous) pain, MTUS requires that a "Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychological in origin and that benefit would occur with implantation despite any psychiatric comorbidity." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Implantable drug-delivery systems (IDDSs) states: "Recommended only as an end-stage treatment alternative in selected cases of chronic intractable pain. See the Pain Chapter for Indications for Implantable drug-delivery systems (IDDSs). 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 decreased opioid dependence, restoration of function and return to activity, and not just for pain reduction. The specific criteria in these cases include the failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful prior to permanent implantation as defined by a

50-70% reduction in pain and medication use." Treater states in progress report dated 04/23/15 that patient "is a failed lumbar surgery case... Pain medications are already at high levels which is the main reason he is a good candidate for a spinal opiate trial." Per 06/12/15 report, treater states, "psychological evaluation for implantables indicated that [the patient] is an acceptable candidate (11/13/2014)... Request authorization for spinal opiate trial and if 50% pain reduction or greater, then we will request to implant the IDDS." Per 07/10/15 report, treater states, "An AME was done 10/28/13... recommending pain pump...pt will obtain full copy of AME for further supportive evidence that spinal opiate trial is warranted to increase his function and manage his pain." The patient failed back surgery and has psychological evaluation documenting he is an acceptable candidate for implantable trial. However, per 07/10/15 progress report, patient's pain is rated 4-6/10 with and 7-9/10 without medications. Treater also states, "The pain is made better by medication, nerve blocks, changing position... Medication: Reviewed. No changes made as current regimen helps with daily function." It would appear that conservative measures have not been exhausted, based on documentation of treatment and medication efficacy. A temporary trial of intrathecal (intraspinal) infusion pump is considered medically necessary only when all guideline criteria are met. In this case, the patient meets some, but not all of the guideline criteria for a spinal opiate trial. Therefore, the request IS NOT medically necessary.