

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0171547 |                              |            |
| <b>Date Assigned:</b> | 09/11/2015   | <b>Date of Injury:</b>       | 06/27/2000 |
| <b>Decision Date:</b> | 10/13/2015   | <b>UR Denial Date:</b>       | 08/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/31/2015 |

### 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: Connecticut, California, Virginia  
 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 injured worker is a 58 year old female, who sustained an industrial injury on 6-27-2000. The current diagnoses are post lumbar laminectomy syndrome, chronic pain syndrome, and constipation. According to the progress report dated 7-27-2015, the injured worker presents for follow-up regarding chronic neck and back pain. She notes muscles spasms in her neck and upper back, associated with headaches, and continued numbness and weakness in her upper and lower extremities. The pain is rated 8 out of 10 on a subjective pain scale. The physical examination of the lumbar spine reveals mild tenderness to palpation over the paraspinal muscles and facet joints, bilaterally. Decreased (3 out of 5) strength with right hip flexion. The current medications are Xanax, Colace, Norco, Gabapentin, Soma, Flector patch, Butrans patch, Omeprazole, and Wellbutrin. Per notes, she is stable on her current medication regimen. Treatment to date has included medication management, MRI studies, and psych evaluation. MRI of the lumbar spine from 10-16-2014 shows "no acute findings, status post removal of paraspinal fixation rods L4-S1, and mild L4-5 and moderate to severe L5-S1 disc space narrowing". Work status is not specified on the 7-27-2015 progress note. The original utilization review (8-5-2015) had non-certified a request for intrathecal pain pump trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IT Pain Pump Trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs), Intrathecal drug delivery systems, medications.

**Decision rationale:** The MTUS provides the preferred mechanism for assessing medical necessity in this case. Implantable drug-delivery systems are recommended only as an end-stage treatment alternative for selected patients for specific conditions, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. 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 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% reduction in pain. Overall in this case it appears that an implantable pain device may be an appropriate option, however, there is little provided documentation to clarify outcomes of physical therapy as well as psychiatric consultation. If the required conditions are met, it may be appropriate to consider an implantable intrathecal device, however, given the provided records, the request cannot be considered medically necessary at this time.