

Case Number:	CM15-0176916		
Date Assigned:	09/17/2015	Date of Injury:	12/08/2003
Decision Date:	10/27/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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 47 year old female, who sustained an industrial injury on 12-8-03. The injured worker is undergoing treatment for chronic low back pain, with radiculopathy, lumbar fusion with hardware removal, lumbar spondylosis with failed back syndrome and chronic neck pain. Medical records dated 8-5-15 indicate the injured worker complains of back pain rated 10 out of 10 at worst without medication and 7 out of 10 at best with medication with the average 8 out of 10 with medication. The physician indicates, "she has been recovered relatively well from the recent surgery on 5-21." Current medications are OxyContin ER 80mg 4X day, Oxycodone 30mg 7X day, Soma 350mg 3X day, Dilaudid 8mg daily as needed, Lidoderm patch 5% every 12 hours, Ambien and Lunesta. Physical exam dated 8-5-15 notes intact spinal surgical incision, decreased sensation L4 through S1 dermatomes. Treatment to date has included pain pump trial 2008, spinal cord stimulator 2007, gastric band 2003, 5-10-15 lumbar laminectomy, caudal equine syndrome and urgent surgery 5-21-15 and medication. The original utilization review dated 8-27-15 indicates the request for pain pump trial is non-certified noting intrathecal drug delivery systems are not recommended for treatment of chronic low back pain and claimant had previous trial with no results documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain pump trial: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The patient presents on 08/05/15 with lower back pain rated 7/10 at best, 10/10 at worst. The patient's date of injury is 12/08/03. Patient is status post anterior discectomy and segmental fusion at L3-4 level, and status post lateral fusion and laminectomy at L1-2 and L2-3 levels on 05/21/15. The request is for PAIN PUMP TRIAL. The RFA was not provided. Physical examination dated 08/05/15 reveals absent patellar reflexes bilaterally, an intact lumbar surgical incision, and decreased sensation along the L4, L5, and S1 dermatomal distributions bilaterally. The patient is currently prescribed Oxycontin, Oxycodone, Soma, Dilaudid, Lidoderm patches, Ambien, and Lunesta. Patient is currently classified as permanent and stationary. MTUS Guidelines, Implantable drug-delivery systems (IDDSs) section, pages 52-53 has the following criteria for the use of IDDSs: "1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychological or physical), if appropriate and not contraindicated; and 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and 4. Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity; and 5. No contraindications to implantation exist such as sepsis or coagulopathy; and 6. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinous) infusion pumps is considered medically necessary only when criteria 1-5 above are met." Official Disability 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. In regard to the request for an intrathecal pump trial, the patient does not meet guideline criteria. This patient is status post multilevel lumbar fusion and laminectomy on 05/21/15 and has been prescribed opiate medications long term. While she presents with significant pain and surgical history, there is no evidence in the records provided that this patient has undergone a psychological evaluation which unequivocally rules out psychologically-induced pain. A temporary trial of intrathecal (intraspinous) infusion pump is only considered

medically necessary for patients who fail 6 months of conservative care, are no longer considered for additional surgical intervention, and have obtained psychological evaluation ruling out a psychological etiology. In this case, the patient meets some, but not all of the guideline criteria for a spinal opiate trial; as there is no indication that all conservative options have been exhausted and no psychological evaluation has been obtained. Therefore, the request IS NOT medically necessary.