

Case Number:	CM15-0026328		
Date Assigned:	02/18/2015	Date of Injury:	04/04/1996
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61-year-old male who sustained an industrial injury on 04/04/1996. Diagnoses include cervical post laminectomy, brachial neuritis, myalgia myositis, reflex sympathetic dystrophy, and cervical spondylosis. Treatment to date has included surgery, sympathetic ganglion block, medications, left knee injections, and implantable pain pump. A physician progress note dated 01/28/2015 documents the injured worker has pain rated 8 out of 10 without medications and 7 out of 10 with medications. His pain is in the neck and left sided extremity pain. He describes his pain as sharp, dull, throbbing, burning, and aching and a pins and needles sensation. He is requesting an increase in his pain pump medication. Pain is increased with moving and decreased by medications. He has positive neck pain, muscle pain and spasm, and upper extremity and lumbar pain. The continued mode was increased by 3%. Treatment requested is for Bupivacaine x3, and Clonidine x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupivacaine x3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Drug-Delivery Systems (IDDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Implantable drug delivery systems (IDDSs).

Decision rationale: The claimant is nearly 20 years status post work-related injury and continues to be treated for chronic pain including use of an implanted drug delivery system (IDDS). Guidelines recommend morphine as generally the initial IDDS medication. Second stage medications include clonidine and bupivacaine. Therefore, the requested bupivacaine for intrathecal use is medically necessary.

Clonidine x3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Drug-Delivery Systems (IDDS), Implantable Drug-Delivery Systems (IDDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Implantable drug delivery systems (IDDSs).

Decision rationale: The claimant is nearly 20 years status post work-related injury and continues to be treated for chronic pain including use of an implanted drug delivery system (IDDS). Guidelines recommend morphine as generally the initial IDDS medication. Second stage medications include clonidine and bupivacaine. Therefore, the requested clonidine for intrathecal use is medically necessary.