

Case Number:	CM15-0026444		
Date Assigned:	02/18/2015	Date of Injury:	10/07/1992
Decision Date:	04/03/2015	UR Denial Date:	02/04/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 was a 60 year old female, who sustained an industrial injury, October 7, 1992. According to progress note of January 21, 2015, the injured workers chief complaint was pain in the neck. The physical exam noted trigger point pain in the trapezius right and left. The injured worker had normal reflexes from C5-C8. There was tenderness noted with palpation of the soft tissue right paraspinal region of L5 and left of L5 and in the iliolumbar region left and right. There was pain with motion. The injured worker had the intrathecal drug delivery pump for 15 years. The combination of the intrathecal drug delivery pump and MS-Contin was a good combination for pain management for the injured worker. The combination proved the injured worker with the ability of optimal functionality, including working part-time. The injured worker was diagnosed with CRPS (complex regional pain syndrome), degeneration of the lumbar intervertebral disc, cervical postlaminectomy syndrome, lumbar postlaminectomy syndrome and chronic pain syndrome. The injured worker previously received the following treatments cervical fusion, lumbar fusion, intrathecal drug delivery pump, physical therapy for the neck, for mobility and pain control. On January 21, 2015, the primary treating physician requested authorization for Duramorph 14mg/hour, Bupivacaine 21.5mg/hour preservative free for intrathecal drug delivery pump#42, MS Contin 15mg extended release 3 tablets in the AM and 4 tablets, pump #42, MS Contin 15mg extended release 3 tablets in the AM and 4 tablets in the PM for #120 tablets and physical therapy. February 4, 2015, the Utilization Review denied authorization for Duramorph 14mg/hour, Bupivacaine 21.5mg/hour preservative free for intrathecal drug delivery pump #42,

MS Contin 15mg extended release 3 tablets in the AM and 4 tablets in the PM for #120 tablets and physical therapy. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duramorph 14.1mg/ml, Bupivacaine 21.5mg/ml preservative free for IT pump #42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal drug delivery systems.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52.

Decision rationale: According to MTUS guidelines, "Implantable drug-delivery systems (IDDSs) is recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below (Cancer conditions), after failure of at least 6 months of less invasive methods, and following a successful temporary trial". The patient reported significant improvement of his pain with the actual pump and the request for pump pocket revision is not medically necessary. Although the patient was on IDDS with some pain improvement, there is no clear documentation of recent functional improvement. The provider should document an objective and recent pain and functional improvement with the requested therapy. Therefore, the request is not medically necessary.

MS-Contin 15mg, extended release - 3 tabs in morning, 4 tabs in afternoon #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of patient improvement in level of function and quality of life with previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. The patient has been taking Ms Contin for a longtime without any substantial pain

relief or functional benefits. Therefore, the request of MS Contin 15mg #210 is not medically necessary.

Physical Therapy (amount and frequency/duration no specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007). There is no documentation of the efficacy and outcome of previous physical therapy sessions. The patient underwent 12 sessions of physical therapy without clear documentation of efficacy. There is no documentation that the patient cannot perform home exercise. There is no documentation on the number and duration of the physical therapy sessions requested. Therefore, the request for physical therapy is not medically necessary.