

<b>Case Number:</b>	CM15-0063583		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	07/09/1991
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 71-year-old male who sustained an industrial injury on 07/09/1991. Diagnoses include degeneration of the lumbar disc, osteoarthritis of the knee, and displacement of lumbar disc without myelopathy, lumbar stenosis, lumbar thoracic, lumbosacral radiculitis, spondylolisthesis, and lumbar facet syndrome. Treatment to date has included multiple lumbar spinal surgeries, diagnostic studies, medications, physical therapy, and epidural steroid injections. A physician progress note dated 03/13/2015 documents the injured worker complains of low back pain and lower extremities pain to the knees. The pain is an aching pain and is rated 8 out of 10 with medications. Range of motion was not done with this visit due to recent surgery. The injured worker has decreased sensation in the feet bilaterally to touch. He has difficulty standing for more than 5 minutes. The treatment plan was for a refill of medications. Treatment requested is for Intrathecal opioid trial under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intrathecal opioid trial under fluoroscopy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

**Decision rationale:** CA MTUS states regarding IDDS's; generally, use of implantable pumps is FDA approved and indicated for chronic intractable pain. Treatment conditions may include FBSS, CRPS, Arachnoiditis, Diffuse Cancer Pain, Osteoporosis, and Axial Somatic Pain. MTUS further states in regard to intrathecal opioids; Used for the treatment of non-malignant (non- cancerous) pain with duration of greater than 6 months and all of the following criteria are met: 1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic 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 (intraspinal) infusion pumps is considered medically necessary only when criteria 1-5 above are met. Review of the available medical records demonstrates that the IW in question has intractable pain and has failed conservative therapy, including physical therapy and multiple attempts with oral opioids. Further, he has received prior surgery and based on imaging results is not currently a candidate for additional surgery. A psychological evaluation has also been completed specifically recommending the trial of intrathecal medication. As noted the trial must meet criteria 6 above before the treatment can progress. Given the provided information I'm reversing the prior decision and deem the request for an intrathecal opioid trial to be medically necessary.