MAXIMUS Federal Services

Case Number:	CM15-0063751		
Date Assigned:	04/09/2015	Date of Injury:	10/26/1999
Decision Date:	05/12/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	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: Georgia
Certification(s)/Specialty: Anesthesiology, 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 60-year-old female, who sustained an industrial/work injury on 10/26/99. She reported initial complaints of neck and low back pain. The injured worker was diagnosed as having rheumatic arthritis, chronic pain syndrome, and cervical spondylosis. Treatment to date has included medication, surgery (post-op nonunion and disc herniation and subsequent removal of retained hardware and reapplication of anterior cervical plating with re-exploration of the anterior neck with debridement of pseudo arthrosis and repeat anterior interbody fusion at C5-6), and diagnostics. Electromyography and nerve conduction velocity test (EMG/NCV) was conducted on 1/12/10. Currently, the injured worker complains of cervical pain and need for medication for pain management. Per the primary physician's progress report (PR-2) on 1/6/15, the injured workers pain was rated 10/10 without medication and 7/10 with medication. The pain was described as sharp, dull, throbbing, and aching. Examination reported tenderness to palpation in the lumbar paraspinous area, decreased range of motion in all plane, decreased range of motion extension and flexion. The requested treatments include a Prialt pump trial with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prialt pump trial with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ziconotide (Prialt). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ziconotide (Prialt), Implantable drug-delivery systems; FDA, Prialt.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery System Page(s): 52.

Decision rationale: Prialt Pump trial with flouroscopy is not medically necessary. Ca MTUS states that pumps 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. (Angel, 1998) (Kumar, 2002) (Hassenbusch, 2004) (Boswell, 2005) 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. The patient does not have end-stage disease and there is lack of documentation that this is a treatment of last resort. Therefore, the request is not medically necessary.