

Case Number:	CM15-0075397		
Date Assigned:	04/27/2015	Date of Injury:	01/24/2002
Decision Date:	05/22/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 01/24/2002. He has reported injury to the low back, right ankle, and bilateral hands/wrists. The diagnoses have included lumbar disc disease; lumbar radiculopathy; complex regional pain syndrome in right ankle; and status post spinal cord stimulator implant. Treatment to date has included medications, diagnostics, injections, chiropractic therapy, physical therapy, spinal cord stimulator implantation to the lumbar spine, and surgical intervention. Medications have included Celebrex, Lyrica, Neurontin, Diclofenac, and Tylenol #4. A progress note from the treating physician, dated 03/17/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain which radiates down the bilateral legs into the feet, with numbness and tingling sensations; and pain is rated at 8-9/10 on the visual analog scale. Objective findings included diffuse tenderness over the lumbar paravertebral musculature; moderate facet tenderness; sacroiliac tenderness; positive bilateral straight leg testing; and the spinal cord stimulator is no longer effective. The treatment plan has included the request for Pain Pump trial, quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Pump trial Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
IDDSs Page(s): 52-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain
pumps Page(s): 58.

Decision rationale: According to the guidelines: Implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of: Primary liver cancer (intrahepatic artery injection of chemotherapeutic agents); Metastatic colorectal cancer where metastases are limited to the liver (intrahepatic artery injection of chemotherapeutic agents); Head/neck cancers (intra-arterial injection of chemotherapeutic agents); Severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen (Lioresal) therapy (intrathecal injection of baclofen). Permanently implanted intrathecal (intraspinal) infusion pumps for the administration of opiates or non-opiate analgesics, in the treatment of chronic intractable pain, are considered medically necessary when: Used for the treatment of malignant (cancerous) pain and all of the following criteria are met: 1. Strong opioids or other analgesics in adequate doses, with fixed schedule (not PRN) dosing, have failed to relieve pain or intolerable side effects to systemic opioids or other analgesics have developed; and 2. Life expectancy is greater than 3 months (less invasive techniques such as external infusion pumps provide comparable pain relief in the short term and are consistent with standard of care); and 3. Tumor encroachment on the thecal sac has been ruled out by appropriate testing; and 4. No contraindications to implantation exist such as sepsis or coagulopathy; and 5. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by a 50% reduction in pain. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-4 above are met. Used for the treatment of non-malignant (non-cancerous) pain with a 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. In this case, the claimant has failed conservative treatment for years, persists to have a high level of pain, and failed a spinal cord stimulator (which requires prior psychological consultation). However there is no mention of failed prior spinal opiates or lack of surgical options. As a result, the request for a pain pump trial is not medically necessary.