

<b>Case Number:</b>	CM15-0088003		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/23/2004
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 23, 2004. In a Utilization Review report dated April 9, 2015, the claims administrator failed to approve requests for intrathecal pain pump replacement, an associated pump, possible catheter revision, preoperative laboratory testing, a chest x-ray, an EKG, and a nasal PCR test for MRSA. The claims administrator referenced a progress note of March 27, 2015 along with RFA forms received on April 1, 2015 and April 2, 2015 in its determination. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant apparently received an intrathecal pain pump refill. The applicant reported ongoing complaints of low back pain. The applicant had had an indwelling intrathecal pain pump since 2008, it was reported. The applicant had derivative complaints of depression, it was reported. The applicant was also using a variety of oral agents in addition to intrathecal drugs, including Soma, Norco, Motrin, Prilosec, Prozac, and Wellbutrin. A pump replacement, pump pocket revision and intrathecal opioid rotation were endorsed. The applicant was asked to continue intrathecal morphine and clonidine for the time being. The note was difficult to follow and did mingle historical issues with current issues. The attending provider stated that intrathecal pain pump had been previously implanted for chronic, severe, and intractable pain complaints. The applicant had a history of earlier lumbar spine surgery in 1989; it was suggested (but not clearly stated). The applicant's work status was not detailed, although it did not appear that the applicant was working. On March 27, 2015, the attending provider again sought authorization for an intrathecal pain replacement, stating that the indwelling pump battery was depleting and

would likely need replacement and/or revision in three months. Intrathecal morphine and clonidine were endorsed on a heightened dosage. Oral Norco and Robaxin were also renewed and/or continued. Once again, the applicant's work status was not detailed, although it did not appear that the applicant was working. In another section of the note, the attending provider stated that the applicant had moderate-to-severe impairment in terms of performing activities of daily living owing to ongoing pain complaints. The applicant was also using oral Soma, Norco, Motrin, Robaxin, Prilosec, Prozac, and Wellbutrin; it was stated in another section of the note. The applicant was having difficulty walking owing to ongoing pain complaints, it was reported. The applicant stated that her pain complaints worsened as the day progressed. On April 20, 2015, the attending provider reiterated his request for an intrathecal pain pump revision/replacement. The applicant was described as having "intractable pain". The attending provider again noted that the applicant's pain complaints were worsened as the day progressed. Activities of daily living aggravated the applicant's underlying pain complaints, it was reported. On April 23, 2015, the applicant was admitted for issues associated with aspiration pneumonia and associated narcotic withdrawal. The applicant was described as having issues with a malfunctioning intrathecal pain pump, it was suggested. It was suggested that the applicant was disabled and had apparently not worked since the date of injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Intrathecal pump replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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:** While the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that implantable drug delivery systems may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome, this recommendation is, however, qualified by commentary made on page 53 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the long-term efficacy of implantable drug delivery systems have not been convincingly proven and by commentary made on page 54 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that permanent implantation of said implantable drug delivery systems should be predicated on evidence of a favorable outcome during an earlier temporary trial of the same, with evidence of 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral medication usage. Here, however, the applicant remained off of work and had not worked since the date of injury; it was reported on an emergency department note dated April 20, 2015. A medical progress note of April 23, 2015 suggested that ongoing usage of the intrathecal pain pump failed to curtail the applicant's dependence on opioid agents such as oral Norco and/or non-opioid agents such as Motrin, Robaxin, and Soma. The applicant was described as having moderate-to-severe pain complaints, despite ongoing use of the intrathecal pain pump and stated that even basic activities of daily living throughout the course of a day worsened and/or aggravated

underlying symptoms. It did not appear, in short, that the applicant had profited in terms of the functional improvement parameters established in MTUS 9792.20e, despite previous usage of the intrathecal pain pump for what appeared to be a minimum of several years prior to the date of the request. Therefore, the request for an intrathecal pump replacement was not medically necessary.

**Pump:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Possible catheter revision:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op labs-comprehensive metabolic panel, CBC, hematocrit, hemoglobin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Chest x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Nasal PCR test for MRSA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.