

<b>Case Number:</b>	CM14-0143644		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/22/2004
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year-old patient sustained an injury on 8/22/2004 while employed by [REDACTED]. Request(s) under consideration include IDDS Trial x2. Diagnoses include shoulder joint pain s/p left shoulder surgery in 2006; cervical herniated disc/ cervicalgia; and thoracic pain. Report of 7/24/14 from the provider noted the patient with chronic ongoing pain symptoms with 50-60% relief from use of Norco and Methadone. Exam of neck showed left-side tenderness; decreased range due to pain; diffuse decreased sensation at C6-T1 dermatomes; right hand tender with swelling. Current medications list Methadone, Soma, Norco, and Prozac. The request(s) for IDDS Trial x2 was non-certified on 8/5/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IDDS Trial x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for implantable drug-delivery systems Page(s): 53.

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

**Decision rationale:** This 56 year-old patient sustained an injury on 8/22/2004 while employed by [REDACTED]. Request(s) under consideration include IDDS Trial x2. Diagnoses include shoulder joint pain s/p left shoulder surgery in 2006; cervical herniated disc/ cervicalgia; and thoracic pain. Report of 7/24/14 from the provider noted the patient with chronic ongoing pain symptoms with 50-60% relief from use of Norco and Methadone. Exam of neck showed left-side tenderness; decreased range due to pain; diffuse decreased sensation at C6-T1 dermatomes; right hand tender with swelling. Current medications list Methadone, Soma, Norco, and Prozac. The request(s) for IDDS Trial x2 was non-certified on 8/5/14. Guidelines recommend implantable drug-delivery systems (IDDS) only as a last resort in the treatment continuum of selected cases of chronic, severe failed back syndrome when no other therapies or effective management is left for the chronic intractable pain and should be used as part of a functional restoration program to facilitate return to activity and not just for pain reduction. The specific criteria include documented failure of all conservative treatment including oral medications, interventional pain modalities for clear objective pathology without psychological origin or further surgical intervention planned. Hence, indication for IDDS include primary or metastatic liver, colorectal or head/neck cancers, severe refractory spasticity from cerebral or spinal cord injuries/lesion, none of which is demonstrated here. There is no documented specific confirmed pathology, psychological evaluation or failed trial of conservative care with medications and therapy to support this permanent pain pump placement outside guidelines criteria. Additionally, guidelines states trial must result in 50-70% reduction of pain with documented functional improvement and associated reduction in oral pain medications not demonstrated here with failed intrathecal morphine pump trial in January and continued to report severe symptoms with unchanged function. The patient is tolerating the oral medications with noted 50-60% reduction in symptoms with oral opiates. The IDDS Trial x2 is not medically necessary and appropriate.