



MEDICAL POLICY

Date Reviewed: 05/27/05, 08/25/06, 05/18/07, 05/15/08, 04/24/09, 04/28/10, 04/15/11

Subject: Implantable Infusion Pump for the Treatment of Chronic Intractable Pain

Description: Implantable infusion pumps are used to deliver medications to the intrathecal (subarachnoid or subdural) space or epidural (outside the dura) space of the spine for the treatment of chronic intractable pain. A catheter is tunneled under the skin to deliver medication to the appropriate area and is connected to a reservoir that administers the medication, usually an opioid (for example, morphine). The goal is to reduce transmission of pain at the spinal cord level.

Indications of Coverage:

Implantable infusion pumps for pain management are considered medically necessary when all of the following criteria are met:

Severe pain symptoms have been present for at least six months

The patient has a life expectancy of at least three months

An observable pathology exists that is concordant with the pain complaint

Psychological clearance, performed by a psychologist or psychiatrist following a diagnostic interview, that includes documentation of the absence of drug addiction issues, has been obtained

The patient is not a candidate for surgical intervention to treat the pathology causing the symptoms

Other more conservative methods of pain management, including the use of oral medications, physical therapy, pain management injections, and surgery, have failed, or are otherwise contraindicated

Documented positive response (pain decreased by 50% without significant side effects that interfere with activities of daily living) to a three day intrathecal or epidural pump trial

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

Implantable intrathecal pumps are considered not medically necessary if any of the following are documented:

The patient has an allergy or sensitivity of the medication being used

Active infection

Implantable infusion pumps for patients less than twenty-one years of age are considered investigational since there is insufficient peer-reviewed scientific literature supporting the effectiveness of the device for this age group.

Documentation required:

Office notes including the results of the implantable pump trial (if applicable)

Procedure report

Psychological evaluation report

Rationale: Back pain resolves spontaneously for most individuals, but may require treatment for some. One of the tools for pain management is a pain pump that can deliver medications to the nerves of the spine to reduce the side effects of the dosage of oral medications used to treat the symptoms. This treatment is reserved for those cases where other treatments have failed.

References: Center for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD): Infusion Pumps. NCD 280.14. Baltimore, MD. Effective date: 12/17/04. Available at: www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd. Accessed: 11 Mar 11.

Boswell M, Trescot A, Datta S, Schultz D, Hansen H, Abdi S, Sehgal N, Shah R, Singh V, Benyamin R, Patel V, Buenaventura R, Colson J, Cordner H, Epter R, Jasper J, Dunbar E, Atluri S, Bowman R, Deer T, Swicegood J, Staats P, Smith HS, Burton A, Kloth D, Giordano J, Manchikanti L. Interventional Techniques: Evidence-based Practice Guidelines in the Management of Chronic Spinal Pain. American Society of Interventional Pain Physicians. Pain Physician. Jan 2007. Available at: www.asipp.org. Accessed: 11 Mar 11.

Patel VB, Manchikanti L, Singh V, Schultz DM, Hayek SM, Smith HS. Systematic Review of Intrathecal Infusion Systems for Long-Term Management of Chronic Non-Cancer Pain. Pain Physician 2009; 12: 345-360.

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Approved by the Medical Director