

<b>Case Number:</b>	CM13-0013486		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	12/26/1994
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Anesthesiology, and is licensed to practice in Georgia. 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:

The claimant presents with chronic pain following a work-related injury on December 6, 1994. On July 29, 2013 the claimant complains of low back pain radiating to the lower extremities and upper back. The claimant's medications include methadone 5 mg. According to the medical records the claimant is allergic to morphine and hydromorphone. The claimant has completed physical therapy. An MRI of the lumbar spine dated on August 3, 2011 revealed the claimant is status post placement of bilateral pedicle screws and posterior fusion beginning approximately at L2, L3, L4, L5 and S1, subtle grade 1 anterolisthesis of L5 over S1, multilevel degenerative disc disease with slight anterior wedging and degenerative scoliosis, L2-3, L3-4, L4-5 and L5-S1 postsurgical changes with slight narrowing of the neuroforamina and some distortion of the thecal sac. The claimant was diagnosed with lumbago, lumbosacral radiculitis, and disorder of sacrum, hip bursitis, sacroiliitis and lumbar postlaminectomy syndrome. A claim was made for intrathecal opioid trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTRATHECAL OPIOID TRIAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal Pain Pump Implantable drug-delivery systems (IDDSs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Implantable drug-delivery systems (IDDSs) Page(s): 52-53.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, intrathecal opioid delivery is 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. The claimant is allergic to morphine and hydromorphone which are the same medications used for intrathecal trials. Additionally, the medical records provided for review indicate that the claimant is well maintained on Methadone. Therefore, the requested service is not medically necessary and appropriate.