

<b>Case Number:</b>	CM13-0038997		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/27/1997
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 Physician 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 is a 43 year old male presenting with low back pain following a work related injury on 10/27/1997. The claimant reported dull, burning, and intermittent pain radiating into the bilateral buttock. He later complained of pain radiating to the left leg. The pain is associated with numbness, parathesia and weakness. The medical records note that the claimant is disabled. The claimant has tried ice, heat, and NSAIDs without improvement. The claimant has also tried a spinal cord stimulator. The physical exam was significant for walking on heels with difficulty due to pain, diminished right resisted rotation and left resisted rotation, positive straight leg raising at 40 degrees, limited range of motion of the spine secondary to pain, absent deep tendon reflexes at the knees, and decreased sensation to light touch on the left in the lateral thigh. The claimant's medications include Kadian 100mg q 6 hours, Clonazepam, 0.5mg q 12 hours, Ambien Cr 12.5mg once per night, Soma 350 mg three times per day, MS Contin 30mg three times per day, Fentanyl 50mcg every 48 hours, Anaprox 550mg bid, Prilosec 20mg qd, Nortriptyline 25mg once daily and Restone as a natural supplement. The claimant was diagnosed with low back pain, lumbar disc displacement, postlaminectomy syndrome of the lumbar region and lumbar radiculopathy. The claimant had a trial of intrathecal duramorph. The provider put in a claim for one morphine pump implant procedure due to chronic lumbar pain as outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE MORPHINE PUMP IMPLANT PROCEDURE DUE TO CHRONIC LUMBAR PAIN AS OUTPATIENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/ChronicPain> : Table 2, Summary of Recommendations, Chronic Pain Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic Pain Opioids Page(s): 12; 79.

**Decision rationale:** One Morphine pump implant procedure due to chronic lumbar pain as an outpatient is not medically necessary. The MTUS guidelines on chronic pain medical treatment, page 12 indicates that Morphine greater than 120 mg per day or equivalent doses of opioids is not indicated for non-malignant chronic pain. The claimant has chronic non-malignant spinal pain. Additionally, page 79 of MTUS guidelines indicates that weaning of opioids is recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring, and (f) the patient requests discontinuing. The employee's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the employee continued to complain of pain. The employee has long-term use with opioid medication and there was a lack of improved function or return to work; therefore the requested procedure and medication is not medically necessary.