

Case Number:	CM13-0065511		
Date Assigned:	01/03/2014	Date of Injury:	05/21/1999
Decision Date:	05/16/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational Medicine 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:

The patient is a 66 year old female who was injured on 05/21/1999. The mechanism of injury is unknown. Prior treatment history has included epidural steroid injections done on 09/27/2012. The patient underwent acromioplasty and coracoacromial ligament resection on 01/13/2000. Diagnostic studies reviewed include urine drug screen dated 06/12/2013 detection of butalbital and hydrocodone however not corresponding with prescriptions provided. X-ray of the cervical spine dated 05/10/2010 revealed disc space narrowing and marginal spurring at C5-6. Right shoulder x-ray dated 05/10/2010 revealed status post acromioplasty with degenerative disease of the acromioclavicular joint with inferior spurring. Cervical provocative discogram dated 10/14/2001 revealed positive provocative arthrogram at C5-6. EMG study on 12/14/2000 revealed median nerve distal sensory neuropathy. Cervical spine MRI dated 07/17/2000 revealed spondylosis with posterior osteophytes and disc bulging of 2 mm at C4-5, 1 mm at C5-6 and 2 mm at C6-7. Progress note dated 10/31/2013 documented the patient to have complaints of ongoing neck pain associated cervicogenic headaches, as well as pain radiating down both upper extremities with numbness in both hands. She rates her pain today 8/10 intensity aggravated with any type of bending, twisting and turning. The patient did receive certification for a cervical epidural steroid injection February of 2013, which provided three months of relief with improved mobility and activity tolerance as well as enabling her to cut back on her pain medications. The patient does not want anymore epidural steroid injections. Objective findings on exam included examination of the posterior cervical musculature revealing tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles. She has decreased range of motion. She is able to bend her neck forward to about 2 fingerbreadths from the sternum and extension is limited to 10 degrees. She has pain with both maneuvers. There is a well healed scar on the right shoulder with

significant limitation of range of motion with shoulder abduction to around 80 degrees. In comparison to the left upper extremity, shoulder abduction, which is around 120-130 degrees. She has decreased strength in the upper extremity, secondary to pain in her neck and right shoulder. Sensation is decreased along the right upper extremity and lateral forearm in comparison to her left. Reflexes in triceps, patella and Achilles tendon are 2+ bilaterally. Examination of the lumbar spine reveals tenderness to palpation along the lumbar musculature bilaterally. She has decreased range of motion. She is able to bend forward with her outstretched fingers to the level of her knees. Extension is limited to 10 degrees. Sensation is decreased along the lateral aspect of her calves bilaterally. Motor testing is 4-4+/5 in both lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

A TRIAL OF AN INTRATHECAL MORPHINE PUMP TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems(IDDS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems Page(s): 52-53.

Decision rationale: Implantable drug-delivery systems (IDDSs) "Recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (for which a pump would be used), although IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. The Physician writes very detailed notes and makes an outstanding case for this intervention. However, the MTUS guideline above notes that a requirement is: "psychological evaluation unequivocally states that the pain is not psychological in origin". This has not been completed. Therefore, this request is not medically necessary.