

<b>Case Number:</b>	CM13-0066476		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/11/1993
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	12/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine and 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 is a 48-year-old with a February 18, 2011 industrial injury claim. The patient has been diagnosed with thoracic postlaminectomy syndrome; thoracic disc displacement; arachnoiditis; and lumbar spondylosis with myelopathy.

### 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 PUMP WITH INFUMORPH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDSS) Page(s): 52-54.

**Decision rationale:** The patient presents with chronic back pain, and has been diagnosed with thoracic post-laminectomy syndrome. I have been asked to review for an intrathecal pump trial with 2-types of morphine, Infumorph and Duramorph. The records show that he was not a candidate for further surgery. He did not want to try an SCS (Spinal Chord Stimulator). He states OxyContin, and Oxycodone did not help, Norco, trazodone, Avinza, skelaxin, Nucynta did not help. The medical reports from [REDACTED] do not provide pain assessments and does not indicate that the patient has had psychological clearance for the morphine pump. For chronic use

of opioids, the Chronic Pain Medical Treatment Guidelines states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The Chronic Pain Medical Treatment Guidelines reporting requirements for long-term use of opioids has not been met. The Chronic Pain Medical Treatment Guidelines states all criteria for the intrathecal pumps for non-malignant pain must be met including:" . Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity;" The patient does not meet all the required Chronic Pain Medical Treatment Guidelines criteria for an intrathecal pump. The request for a trial of an intrathecal pump with infumorph is not medically necessary or appropriate.

### **A TRIAL OF AN INTRATHECAL PUMP WITH DURAMORPH: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDSS) Page(s): 52-54.

**Decision rationale:** The patient presents with chronic back pain, and has been diagnosed with thoracic post-laminectomy syndrome. I have been asked to review for an intrathecal pump trial with 2-types of morphine, Infumorph and Duramorph. The records show that he was not a candidate for further surgery. He did not want to try an SCS. He states OxyContin, and Oxycodone did not help, Norco, trazodone, Avinza, skelaxin, Nucynta did not help. The medical reports from [REDACTED] do not provide pain assessments and does not indicate that the patient has had psychological clearance for the morphine pump. For chronic use of opioids, the Chronic Pain Medical Treatment Guidelines states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The Chronic Pain Medical Treatment Guidelines reporting requirements for long-term use of opioids has not been met. The Chronic Pain Medical Treatment Guidelines states all criteria for the intrathecal pumps for non-malignant pain must be met including:" . Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity;" The patient does not meet all the required Chronic Pain Medical Treatment Guidelines criteria for an intrathecal pump. The request for a trial of an intrathecal pump with duramorph is not medically necessary or appropriate.