

<b>Case Number:</b>	CM13-0070879		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	04/29/2001
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 57 year old male who reported an injury on 04/29/2001 from an unspecified cause of injury. The injured worker had a history of neck, back and shoulder pain. The diagnosis included chronic pain syndrome, cervical degenerative disk disease, lumbar degenerative disk disease and depression. The radiofrequency neurotomy dated 12/03/2013 of the L3-4 medial branches, and an L5 dorsal ramus nerve bilaterally, and the L5-S1 facet joints, and a history of a radiofrequency neurotomies times 2 years ago. The diagnostics included an electromyogram dated 05/05/2004 to the cervical region revealed right cervical radiculopathy at the C7 with denervation activity at the C5 paraspinous muscles. The MRI of the cervical spine dated 02/21/2007 revealed multilevel changes with spondylosis. The MRI of the lumbar spine dated 10/03/2007 revealed degenerative changes throughout the lumbar spine minimal to mild annular bulges at the L1-2, L3-4, and the L4-5, with a small, broad based left central to left neuroforaminal disc protrusion at the L5-S1. The past treatment included interlaminar epidural steroid injection at the T8-9 and 8 sessions of physical therapy. The surgical history included an anterior cervical discectomy, compression with osteophytectomy and bilateral foraminotomies at the C4-5 and C5-6 interior interbody fusion dated 05/14/2007, a hemilaminectomy at the L4-5 dated 12/17/2007 with removal of extruded fragment, an arthroscopic left glenohumeral joint with partial acromioplasty and open rotator cuff repair. The physical examination dated 07/26/2013 to the cervical spine revealed a flexion of 45 degrees and extension of 41 degrees. The range of motion to the thoracic spine revealed a flexion of 52 degrees. The sensory examination revealed hyperesthesia on the right lateral arm. The Range of motion to the lumbar spine revealed flexion of 41degrees and extension of 5 degrees, with tenderness to palpation at the lumbosacral region. The straight leg raise in the supine position revealed 70 degrees to the

right and 70 degrees to the left. The medications included Valium, Suboxone, and vitamins. The treatment plan included decrease pain pump, discontinue oral Dilaudid to Morphine IR, follow up appointment. The rationale for the single shot intrathecal trial with morphine was due to the chronic nature of the injured worker's condition and worsening of his disability, and tolerance to oral opiate therapies. The Request for Authorization dated 12/04/2013 was submitted with documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **SINGLE SHOT INTRATHECAL TRIAL WITH MORPHINE: 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 (IDDSs Page(s): 54.

**Decision rationale:** The request for single shot intrathecal trial of morphine is not medically necessary. The MTUS Guidelines recommend 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. For most patients, it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. The specific criteria in these cases include the failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful prior to permanent implantation as defined by a 50% reduction in pain. The Indications for Implantable drug-delivery systems implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of primary liver cancer (intrahepatic artery injection of chemotherapeutic agents) metastatic colorectal cancer where metastases are limited to the liver (intrahepatic artery injection of chemotherapeutic agents) head/neck cancers (intra-arterial injection of chemotherapeutic agents) Severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral Baclofen (Lioresal) therapy (intrathecal injection of Baclofen) permanently implanted intrathecal documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychological or physical), if appropriate and not contraindicated; and Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and further surgical intervention or other treatment is not indicated or likely to be effective; and psychological evaluation has been obtained and evaluation states that the pain is not primarily

psychological in origin and that benefit would occur with implantation despite any psychiatric comorbidity; and no contraindications to implantation exist such as sepsis or coagulopathy; and A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinial) infusion pumps. Per the clinical notes the injured worker was not diagnosed with any type of cancer. The clinical notes were not evident that he was unresponsive to, or cannot tolerate oral Baclofen therapy. The clinical notes should include 6 months of conservative treatment modalities that have failed. And/or other surgical interventions or treatments that are not likely to be effective and psychological evaluation has been obtained. The clinical notes were not evident of any failed physical therapy or other conservative therapies. Per the clinical notes, the injured worker drinks at least 12 beers a week. Per the clinical notes the injured worker had raised concerns that his wife was not on board with the therapy, and that he had been drinking some, admitted it was because of poor pain control. As such, the request is not medically necessary.