

<b>Case Number:</b>	CM14-0006027		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/16/2001
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in California and Maryland. 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 62-year-old male with an 8/16/11 date of injury. 10/10/13 progress note stated that the patient may need a morphine pump, per [REDACTED]. No notes from [REDACTED] were provided. 12/12/13 progress note described neck and low back pain with radiation to bilateral arms, legs, and shoulders. Pain levels are high and rated at 9/10, causing difficulty with sleep. The patient relies on medications for pain relief. Clinically, there was tenderness of the lumbar spine with spasms; limited range of motion. It is noted and the patient is status post 360 fusion of the lumbar spine, removal of hardware, sprain/strain of the cervical spine, right shoulder, right groin, and bilateral knees. 1/9/14 progress note described ongoing pain. Clinically, there was a healed incision at the lumbar spine from prior surgery; positive straight leg raising; reduced sensation in the L4-5 and L5-S1 dermatomal distribution bilaterally. DTRs in right foot dorsiflexion was 2+ and 3+ on the left. Plantar flexion was 3+ on the right and 4+ on the left. Treatment plan discussed intrathecal morphine injection pump for pain relief, as the patient has failed lumbar surgery. Internal medicine evaluation for surgical clearance was also requested. 2/6/14 progress note described continued low back pain and reliance on pain medications for symptomatic relief. Toradol injection was performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR ONE PLACEMENT OF A MORPHINE PUMP:** 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).

**Decision rationale:** Medical necessity for the requesting morphine pump is not established. CA MTUS states that intrathecal morphine may be indicated following 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. It was noted that [REDACTED] recommended a morphine pain pump, and the patient relies heavily on p.o. pain medications. However there is no discussion regarding psychological evaluation prior to the morphine pump. Prior request for opioids discussed a weaning process in 2013. Little has been discussed regarding recent weaning attempts. The request is not medically necessary.