

Case Number:	CM14-0009241		
Date Assigned:	01/29/2014	Date of Injury:	07/06/2004
Decision Date:	06/19/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 7/6/04. A utilization review determination dated 1/23/14 recommends non-certification of a morphine pump trial. 1/7/14 medical report identifies low back pain 10/10 without medication and 6/10 with medication. Pain is radiating to the right leg with numbness and tingling sensation to the toes. On exam, there is slow gait with a walker, unable to perform heel-toe walk, tenderness over the paravertebral musculature, facet tenderness, positive SI testing bilaterally, positive SLR bilaterally, limited ROM, decreased sensation in the L4, L5, and S1 dermatomes bilaterally, and 4/5 strength bilaterally in all lower extremity muscles tested. The provider notes that the patient had a prior lumbar fusion without significant improvement. He is on a high dose of narcotics and has also tried a spinal cord stimulator without benefit. He wishes to start weaning off of his medication and the provider noted that an intrathecal pump would allow him to do that.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE PUMP TRIAL FOR LOW BACK QUANTITY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 52-54 and 101 of 127.

Decision rationale: Regarding the request for Morphine Pump Trial for low back, California MTUS does support its use for patients with: 1. Documentation in the medical record of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; and 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and 4. 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; and 5. No contraindications to implantation exist such as sepsis or coagulopathy. Within the documentation available for review, there is documentation of a failed back fusion and failure of conservative treatment including a spinal cord stimulator. The patient is on chronic high-dose opioids and further surgical or interventional treatment does not appear to be indicated. However, there is no documentation of psychological clearance for the device as described above. In the absence of such documentation, the currently requested Morphine Pump Trial for low back is not medically necessary.