

Case Number:	CM14-0012614		
Date Assigned:	02/21/2014	Date of Injury:	06/17/1987
Decision Date:	08/06/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/31/2014

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. 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 76-year-old female with a 6/17/1987 date of injury, when was prying loose a wooden 60 point pallet by lifting and twisting and felt pain in the low back. s/p neck fusion in 11/2007 and back surgery (unspecified date). 1/17/14 determination was non-certified given no evidence of a psychological evaluation and it was not clear that other conservative methods had failed. 12/19/13 medical report identified significant back pain and sciatica. It was noted that the Lyrica dosage was relatively low, and the patient still had right leg shooting pain. The medical report documents that the patient is on multiple medications for several medical conditions including COPD and hypertension, as well as pain medication, anti-inflammatory, and muscle relaxant. Exam revealed limited range of motion and inability to sit due to pain. At the time of the office visit Lyrica was increased to 300mg. The patient was also taking Vicodin ES 7.5/500mg every 6 hrs PRN and Ultram 100mg every 12 hours. Records also indicate that the patient had a prior SCS that work for some time and was removed in 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRATHECAL INJECTION FOR IMPLANTABLE FUSION MORPHINE PUMP:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Implantable drug-delivery systems (IDDSs) Page(s): 52-53.

Decision rationale: 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. The patient had significant low back pain and was on a considerable amount of medication. In addition, there was a 1987 date of injury with previous surgeries and no indication that further surgical procedures were indicated. Since the patient had a previous SCS (removed in 2011), it would be reasonable to assume that clearance for implantable procedures was given, however, the records did not provide a current psychological evaluation with clearance for the procedure. In addition, it is not clear if the patient had temporary trial of intrathecal morphine with sufficient relief to render implantation appropriate. There was insufficient documentation to support this request, therefore, the request for an Intrathecal Injection For Implantable Fusion Morphine Pump is not medically necessary.