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| Case Number: | CM14-0152484 | | |
| Date Assigned: | 09/22/2014 | Date of Injury: | 04/18/1991 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/18/2014 |

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 61 year old male with an injury date of 04/18/91. Based on the 07/11/14 progress report, the injured worker complains of low back pain rated 7/10 with medications and 10/10 without. The effect of medications last 4 hours and allows him to perform daily activities like bathing and dressing with cane and assistance. Physical examination to the lumbar spine reveals decreased range of motion, especially on extension 10 degrees. Patrick's and Reverse Thomas tests were positive bilaterally. His medications include MS Contin, Fentanyl patch and Amitriptyline. Patient had a stimulator trial which helped him 50% and allowed him to do more things. However stimulator was denied, so he needs to have morphine trial, per treater report dated 07/11/14. Patient is not working. The current diagnosis as of 07/11/14 is spondylosis, lumbar without myelopathy; reflex sympathetic dystrophy; post laminectomy syndrome unspecified; myosis pain/fibromyosis/myalgia; and chronic pain syndrome. The primary treater is requesting Morphine pump trial and fill #1. The utilization review determination being challenged is dated 08/29/14. The rationale is "medical necessity not established." The medicals provided are from 08/16/13 - 09/12/14 Diagnosis 07/11/14- spondylosis, lumbar without myelopathy- reflex sympathetic dystrophy- post laminectomy syndrome unspecified- myosis pain/fibromyosis/myalgia- chronic pain syndrome [REDACTED] is requesting Morphine pump trial and fill #1. The utilization review determination being challenged is dated 08/29/14. The rationale is "medical necessity not established." [REDACTED] is the requesting provider, and he provided treatment reports from 08/16/13 - 09/12/14

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine pump trial and fill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Morphine Pumps.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 54.

Decision rationale: This patient presents with low back pain rated 7/10 with medications and 10/10 without. The request is for Morphine pump trial and fill #1. His diagnosis dated 07/11/14 includes spondylosis, lumbar without myelopathy, reflex sympathetic dystrophy, post laminectomy synd unspec., myosis pain/fibromyositis/myalgia, and chronic pain syndrome. The MTUS Chronic Pain Medical Treatment Guidelines on page 54 states regarding implantable drug-delivery systems (IDDSs): " Used for the treatment of non-malignant (non-cancerous) pain with a duration of greater than 6 months and all of the following criteria are met: 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;" Per the treater report dated 07/11/14, the patient had a stimulator trial which helped him 50% and allowed him to do more things. However, "stimulator was denied, so he needs to have morphine trial" was the treater's reason for the request. Per progress report 07/11/14, the effect of medications last 4 hours and allows patient to perform daily activities like bathing and dressing with cane and assistance, which indicate that medications are providing some functional benefit. It does not appear that conservative treatments have been exhausted, as evidence for trial of acupuncture and trigger point injections, etc., have not been documented. Per treater report dated 07/11/14, patient pain symptoms may be attributed to diagnosis of reflex sympathetic dystrophy and post laminectomy syndrome unspecified. However, treater has not documented whether further surgical intervention would be an option. In review of reports, there is no documentation that a psychological evaluation has been obtained, stating that pain is not primarily psychological in origin; nor contraindication to implantation has been addressed. There is lack of documentation to support the request based on MTUS guideline indications. Therefore, this request is not medically necessary.