

<b>Case Number:</b>	CM14-0035363		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	07/03/1996
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old female was reportedly injured on July 3, 1996. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 5, 2014, indicates that there are ongoing complaints of neck pain radiating to the right upper extremity with numbness and tingling in the right hand. Current medications are stated to include gabapentin, Norco, orphenadrine, zolpidem, Opana, Valium and morphine sulfate. The physical examination demonstrated a normal upper and lower extremity neurological examination. Existing medications were refilled. Previous treatment includes a cervical fusion in 1997 and subsequent hardware removal, and shoulder arthroscopy with subacromial decompression. A request was made for a morphine pump and was denied in the pre-authorization process on March 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine pain pump (dosage and quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Implantable drug delivery system, Updated July 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines an implantable drug delivery system such as a morphine pain pump is recommended only as an end-stage treatment alternative for selected patients after failure of at least six months of less invasive methods and following a successful temporary pain pump trial. Additionally these systems are indicated only after documented failure of other conservative treatment methods to include pharmacologic, injection, surgery, psychologic, and physical methods and if there is intractable pain secondary to a disease state. The attached medical record does not indicate that the injured employee has failed these other pharmacologic and conservative treatment methods and there certainly is not a disease state present with intractable pain. For these multiple reasons this request for a morphine pain is not medically necessary and appropriate.