

<b>Case Number:</b>	CM14-0059354		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/11/1998
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Occupational 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:

The patient is a 58-year-old female who has submitted a claim for lumbar intervertebral disc disorder with myelopathy, lumbar postlaminectomy syndrome, and cervical herniated nucleus pulposus with right upper extremity radiculopathy associated with an industrial injury date of July 11, 1998. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to both lower extremities and neck pain radiating into the right upper extremity. Examination of the cervical spine revealed tenderness along the posterior cervical musculature and decreased range of motion. Tenderness over the lumbar spine along the posterior musculature bilaterally with increased muscle rigidity was noted. Myofascial pain in the lumbar musculature with palpable trigger points, taut bands and local twitch response was also noted. Straight leg raise test was positive bilaterally. There was decreased sensation in the posterolateral thigh and lateral calf on the right with the use of Wartenberg pinprick wheel. Examination of bilateral knees revealed significant tenderness along the medial and lateral joint lines. Examination of the right hip revealed point tenderness along the greater trochanteric region. Decreased range of motion with internal rotation in comparison to the left hip was noted. Lumbar spine magnetic resonance imaging (MRI) dated 5/3/12 revealed intermetallic fixation hardware at L5-S1 and a 2mm disc protrusion at L4-5 with bilateral neural foraminal narrowing. Cervical spine MRI dated 10/19/13, revealed a 4.5mm disc protrusion at C5-6 with dehiscence of the nucleus pulposus. Computed tomography (CT) scan of the pelvis dated 1/15/14, showed severe degenerative changes in the right hip, which may originate from avascular necrosis. Treatment to date has included L5-S1 laminectomy and discectomy (1999), L5-S1 disc arthroplasty (3/31/05), spinal cord stimulation trial (2000), physical therapy, acupuncture, trigger point injections, and medications, which include Oxycodone 30mg, Norco 10/325mg, Fexmid 7.5mg, Paxil 60mg, Valium 10mg, Prilosec 20mg, and Dilaudid 4mg. Utilization review from

April 18, 2014 denied the request for 1 trial of intrathecal morphine, outpatient for chronic lumbar pain because on peer to peer discussion, the patient's doctor stated there has been no specific plans to move forward with an intrathecal morphine pump. In addition, a neuropsychological evaluation identifying the claimant as a good candidate for an intrathecal morphine pump has not been done.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Trial of Intrathecal Morphine, outpatient, for chronic lumbar pain: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoemprguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDSs) Page(s): 52-54.

**Decision rationale:** According to pages 52-54 of the CA MTUS Chronic Pain Medical Treatment Guidelines, implantable drug-delivery systems (IDDSs) are recommended only as an end-stage treatment alternative for selected patients with chronic intractable pain after failure of at least 6 months of less invasive methods, with objective documentation of pathology, when further surgical intervention is not indicated or likely to be effective, when psychological evaluation states that benefit would occur with implantation despite any psychiatric comorbidity, and following a successful temporary trial (50-70% pain reduction and functional improvement associated with reduction in oral pain medication use). Implantable drug delivery systems dispense drugs according to instruction programmed by the clinician to deliver a specific amount of drug per day or to deliver varying regimens based on flexible programming options, and the pump may need to be refilled at regular intervals. In this case, there is documentation that the patient's pain symptoms are not managed well with oral pain medications. However, a progress report dated 3/26/14 mentioned that the patient and her physician were both very hesitant to have an intrathecal morphine pump placed. The attending mentioned that the consideration for an intrathecal morphine pump is actually early and it is something that they may be moving towards in the future but at this point, there is no definitive plan to move forward with the intrathecal morphine pump. Furthermore, no neuropsychological evaluation identifying this claimant as a good candidate for an intrathecal pump has been done. Moreover, a complete psychiatric evaluation done 3/12/14, recommended combined psychodynamic and cognitive behavioral treatment for at least 8 months given the patient's chronic major depressive disorder, severe level, and chronic generalized anxiety disorder. Therefore, the request for 1 trial of intrathecal morphine, outpatient, for chronic lumbar pain is not medically necessary.