

Case Number:	CM14-0063183		
Date Assigned:	07/11/2014	Date of Injury:	06/24/2003
Decision Date:	08/28/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 53-year-old female who reported an injury on 06/24/2003 caused by an unspecified mechanism. The injured worker's treatment history included: medications, MRI, botox injections, chiropractic treatment, EMG, surgery, and ESI injections. The injured worker was evaluated on 05/05/2014 and it was documented that the injured worker stated her trial of Intrathecal Morphine on 04/10/2014 was very successful. The provider noted the injured worker stated that "she had about an 80% pain relief, there were some side effects with nausea and vomiting as well as itching, because the provider gave too much medication." The examination of the cervical spine revealed tenderness to palpation along the cervical musculature bilaterally with increased muscle tone. She had point tenderness along the suboccipital region, upper trapezius muscles, and medial scapular regions. The injured worker had limitations in range of motion. She was able to bend her neck forward, bring her chin around 2 fingerbreadths from the sternum, and extension was limited to 20 degrees. She had pain with both maneuvers. Reflexes are +1 throughout. There was a sensory defect to the Wartenberg Pinprick Wheel along the posterolateral arm and forearm of the right when compared to the left. The right shoulder revealed 30% decreased range of motion in all planes compared to the left. There was point tenderness in the lateral subacromial bursa region. Physical examination of the posterior lumbar musculature revealed tenderness to palpation throughout the lumbar paraspinal muscles bilaterally with increased muscle rigidity and there are multiple trigger points palpable throughout the lumbar paraspinal muscles bilaterally. She had pain reproducible by lumbar extension and side bending bilaterally. She had decreased range of motion. She was able to bend forward, bring her fingertips to about 6 inches above her knees, and extension was limited to 5 degrees. She had pain with extension. Straight leg raise was positive on the left at about 60

degrees with radicular symptoms, and the right side was positive at full extension for axial back pain. Deep tendon reflexes are 2/4 in the patella and 1/4 in the Achilles tendon bilaterally. Motor testing in the lower extremities was between 4 to 4+/5 due to her low back pain. There was decreased sensation along the lateral calf and dorsum of the foot when compared to the right. Medications included Xanax 1 mg, Lexapro 10 mg, and Dendracin Topical Analgesic Cream. It was noted that the injured worker had an excellent trial of Intrathecal Morphine. The provider gave her 1.5 mg of Intrathecal Morphine, which unfortunately caused significant nausea; reportedly, the provider gave too much. The nausea, vomiting, and itching were expected side effects with too much of an Intrathecal Bolus of Morphine. However, the important thing to remember is that the injured worker's pain relief and ability to increase her functional abilities were significantly increased. Diagnoses included S/P C4-5 and C5-6 ACDF, with removal of anterior plate; mild cervical dystonia with associated cervicogenic headaches, status post good response to Botox; bilateral upper extremity radiculopathy, right greater than left; right shoulder impingement syndrome, status post arthroscopy; status post right ankle bimalleolar fracture; lumbar myofasciitis sprain/strain syndrome with associated left lower extremity radiculopathy, neurogenic claudication-industrial related; reactionary depression/anxiety; medication-induced gastritis; right ankle sprain; right knee myofasciitis injury; xerostomia with multiple dental caries, secondary to chronic opiate use; and successful intrathecal morphine pump trial. The request for authorization dated 05/05/2014 was for an Intrathecal Morphine Pump 0.75 mg and the rationale was for the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Morphine Pump 0.75mg/day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 53-55.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDS) Page(s): 52-53.

Decision rationale: The requested Intrathecal Morphine Pump 0.75mg/Day is not medically necessary. Per the Chronic Pain Medical Treatment Guidelines, implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of: primary liver cancer (intrahepatic artery injection of chemotherapeutic agents); metastatic colorectal cancer where metastases are limited to the liver (intrahepatic artery injection of chemotherapeutic agents); head/neck cancers (intra-arterial injection of chemotherapeutic agents); severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen (Lioresal) therapy (intrathecal injection of baclofen). Permanently implanted intrathecal infusion pumps for the administration of opiates or non-opiate analgesics, in the treatment of chronic intractable pain, are considered medically necessary when: used for the treatment of malignant pain and all of the following criteria are met: 1. Strong opioids or other analgesics in adequate doses, with fixed schedule (not PRN) dosing, have failed to relieve pain or intolerable side effects to systemic opioids or other analgesics have developed; 2. Life expectancy is greater than three months (less invasive techniques such as external infusion

pumps provide comparable pain relief in the short term and are consistent with standard of care); 3. Tumor encroachment on the thecal sac has been ruled out by appropriate testing; and no contraindications to implantation exist such as sepsis or coagulopathy; and 4. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by a 50% reduction in pain. A temporary trial of intrathecal infusion pumps is considered medically necessary only when criteria 1-4 above are met. Per the guidelines, the injured worker does not meet the criteria for an Intrathecal Morphine Pump. The documents submitted for review failed to indicate if the injured worker has failed all conservative measures including pain medication management. Given the above, the request for Intrathecal Morphine Pump 0.75mg/day is not medically necessary.