

<b>Case Number:</b>	CM14-0064415		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/22/1995
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 22, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; antidepressant medication; earlier lumbar spine surgery; earlier cervical spine surgery; and transfer of care to and from various providers in various specialties. On January 13, 2014, the applicant was described as having a failed lumbar spine surgery syndrome. Intrathecal pain pump implantation was reportedly planned. Immediate release morphine and sustained release morphine were both refilled. On February 27, 2014, the applicant underwent an intrathecal catheter and program opioid pain pump implantation on an outpatient basis. On March 10, 2014, the applicant returned for a postoperative visit following the intrathecal pain pump implantation. The applicant was using sustained release morphine twice daily and immediate release morphine four times daily. 7-9/10 pain was noted. The applicant was asked to continue gabapentin, Ambien, and ranitidine. Pristiq was refilled. Both immediate release morphine and sustained release morphine were endorsed at reduce rates. Amrix was apparently endorsed on a trial basis. The applicant was asked to follow up in two weeks for an intrathecal pain pump refill. The applicant did have issues with anxiety, it was suggested in the review of systems section of the note. The applicant was still smoking, it was further noted. In a December 2, 2013 progress note, the applicant stated that his mood had apparently improved following introduction of Pristiq.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pristiq 50mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressant such as Pristiq often take "weeks" to exert their maximal effect and, furthermore, "may be helpful" in alleviating symptoms of depression. In this case, the documentation on file does suggest that the applicant has reported diminished complaints of depression and anxiety following introduction of Pristiq. The attending provider has stated, on at least two occasions, referenced above, that introduction of Pristiq has ameliorated the applicant's mood. Continuing the same, in balance, is therefore indicated. Accordingly, the request is medically necessary.

**MS Ir 15mg every day To four times per day as needed Breakthrough Pain #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications topic Page(s): 124.

**Decision rationale:** The attending provider had apparently suggested, on several occasions, that he intended to try and diminish the applicant's consumption of oral opioids in favor of the intrathecal opioids. The attending provider had indicated that he was intent on diminishing the applicant's consumption of long-acting morphine on or around the date in question. Provision of immediate release morphine was indicated to facilitate the applicant's weaning or tapering off of long-acting oral morphine, as page 124 of the MTUS Chronic Pain Medical Treatment Guidelines does note that gradual weaning is recommended for long-term opioid users. Therefore, the request was medically necessary.

**MSSR 60mg 1by mouth Twice per day #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic Page(s): 78.

**Decision rationale:** As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain in function. In this case, the attending provider had indicated on several occasions that ongoing usage of oral

morphine had not been altogether successful. The attending provider had therefore introduced an intrathecal pain pump. It was not clearly stated why the applicant needed to obtain around-the-clock analgesia through usage of both intrathecal opioids and through usage of sustained release morphine. Therefore, the request was not medically necessary.

**Amrix 15mg 1-2 Every day #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Amrix) to other agents is not recommended. In this case, the applicant was/is in fact using a variety of other oral and intrathecal agents, opioid and non-opioid. Adding Amrix (cyclobenzaprine) to the mix was not recommended. Therefore, the request was not medically necessary.

**Pump refill in 2 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal Drug Delivery Systems, Medications topic Page(s): 54 55.

**Decision rationale:** The intrathecal pain pump was implanted on February 27, 2014. The attending provider sought authorization for a pump refill on March 10, 2014, i.e., approximately two weeks after the pump was first implanted. As noted on pages 54 and 55 of the MTUS Chronic Pain Medical Treatment Guidelines, morphine is generally the initial IDDS medication. The attending provider had signaled his intent to refill intrathecal morphine two weeks after March 10, 2014. This was indicated, given the failure of numerous other treatments over the life of the claim, including oral opioids, earlier spine surgery, adjuvant medications, etc. The applicant was too soon removed from the procedure of February 27, 2014 to ascertain as to whether or not the intrathecal opioids were successful or not. Refilling the pain pump was therefore indicated on or around the date in question. Therefore, the request was medically necessary.