

Case Number:	CM14-0082580		
Date Assigned:	07/21/2014	Date of Injury:	04/08/2012
Decision Date:	08/26/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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:

According to the records made available for review, this is a 34-year-old female with a 4/8/12 date of injury. At the time (5/8/14) of the request for authorization for ITMS (Intrathecal Morphine Sulfate) trial, there is documentation of subjective (states she is in a lot of pain, she has been severely limited secondary to pain) and objective (gait is antalgic, tenderness to palpation to the left generalized knee and pain with passive range of motion of the right shoulder, there is also pain with lumbar flexion and extension, as well as tenderness to bilateral PSIS and lumbar paraspinals) findings, current diagnoses (lumbar degenerative disc disease, lumbar radiculopathy, sacroilitis, patellofemoral syndrome, knee osteoarthritis on the left, right shoulder osteoarthritis, right shoulder rotator cuff syndrome, myofascial spasm, and functional status in decline), and treatment to date (medication). There is no documentation of failure of six (6) months of other conservative treatment modalities (pharmacologic, surgical, psychological or physical), if appropriate and not contraindicated; intractable pain secondary to a disease state with objective documentation of pathology in the medical record; further surgical intervention is not indicated; 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

ITMS (Intrathecal Morphine Sulfate) trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal Drug Delivery Systems (IDDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic tractable pain with a duration of greater than 6 months; failure of six (6) months of other conservative treatment modalities (pharmacologic, surgical, psychological or physical), if appropriate and not contraindicated; intractable pain secondary to a disease state with objective documentation of pathology in the medical record; further surgical intervention is not indicated; 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, as criteria necessary to support the medical necessity of a Intrathecal opioid pump trial. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbar radiculopathy, sacroilitis, patellofemoral syndrome, knee osteoarthritis on the left, right shoulder osteoarthritis, right shoulder rotator cuff syndrome, myofascial spasm, and functional status in decline. In addition, there is documentation of chronic tractable pain with duration of greater than 6 months. However, there is no documentation of failure of six (6) months of other conservative treatment modalities (pharmacologic, surgical, psychological or physical), if appropriate and not contraindicated; intractable pain secondary to a disease state with objective documentation of pathology in the medical record; further surgical intervention is not indicated; 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. Therefore, based on guidelines and a review of the evidence, the request for ITMS (Intrathecal Morphine Sulfate) trial is not medically necessary.