

Case Number:	CM14-0083492		
Date Assigned:	07/21/2014	Date of Injury:	02/28/2002
Decision Date:	09/03/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 58 year old female injured on 02/28/02 while attempting to lift boxes resulting in low back strain. Diagnoses included neuropathic pain, status post anterior posterior fusion at L4-5, L5-S1 with instrumentation on 01/09/03, post-operative complications including pulmonary embolus times two, neurogenic bladder, chronic pain syndrome and trochanteric bursitis. Clinical note dated 05/20/14 indicated the injured worker presented complaining of symptomatic pain over thoracic spine and lumbar spine radiating into the buttocks bilaterally. The injured worker described neuropathic pain in the distal upper extremities and lower extremities as burning, electrical and lancinating. The injured worker also described low back pain at the site of intrathecal catheter during pump trial. The injured worker also expressed concern regarding drainage, extreme tenderness, and sensitivity at the site of puncture. The injured worker rated pain 6/10 with both oral and intrathecal medication. The injured worker reported 40% improvement of symptoms with combination of medications with good function improvement and improvement in pain. The injured worker reported ability to resume activities of daily living and increased ability to ambulate, participate in light household chores including cooking. The injured worker showed no evidence of drug seeking behavior, had current opioid agreement on file and urine drug screen was consistent with prescribed medications. The injured worker utilized injured worker therapy manager which allowed for 0.11mg of Morphine bolus every four hours times two in a 24 hour period with a continuous infusion of Morphine at 2.275mg per day in addition to Bupivacaine 2.275mg per day. Low reservoir alarm was 01/01/14. The initial request for intrathecal pump refill Morphine Sulfate 10mg/mL and Bupivacaine HCl 10mg/mL total volume 20mL was non-certified on 05/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Pump Refill; Morphine Sulfate 10mg/ml and Bupivacaine HCl 10mg/ml, Total volume 20ml: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Intrathecal Pump Refill; Morphine Sulfate 10mg/ml and Bupivacaine HCl 10mg/ml, Total volume 20ml is recommended as medically necessary at this time.