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| <b>Case Number:</b>   | CM14-0196292 |                              |            |
| <b>Date Assigned:</b> | 12/04/2014   | <b>Date of Injury:</b>       | 09/10/2001 |
| <b>Decision Date:</b> | 01/15/2015   | <b>UR Denial Date:</b>       | 11/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/24/2014 |

### 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 Family 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:

57 year old female claimant sustained a work injury on 9/25/14 involving the neck and low back. She was diagnosed with chronic pain syndrome and lumbar radiculopathy. She had been on Morphine intrathecal pump for pain control since at least February 2013. She had been getting monthly refills for the pump. The claimant had persistent weakness in the legs, pain in the iliotibial band and often used a wheelchair. Pain levels ranged from 2-6/10 monthly a monthly basis. A progress note on 9/25/14 indicated the claimant was doing well. She continued to have decreased range of motion of the cervical spine. The physician requested an intrathecal pump refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intrathecal pain pump refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDSs) Page(s): 52-53.

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

**Decision rationale:** According to the guidelines an intrathecal pump is recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below, after

failure of at least 6 months of less invasive methods, and following a successful temporary trial. Morphine is generally the initial medication. The maximum recommended dose for this drug is 15 mg/day with a concentration of 20 mg/ml. It has become apparent that even intrathecal opiates, when administered in the long term, can be associated with problems such as tolerance, hyperalgesia, and other side effects. Consequently, long-term efficacy has not been convincingly proven. In this case, the claimant had been on 25 mg/ml. She had been on the pump for over 7 months. The claimant is on a higher dose than the maximum suggested. Based on the above, continued use of the intrathecal pump and refill at the current dose level is not medically necessary.