

Case Number:	CM14-0208394		
Date Assigned:	12/22/2014	Date of Injury:	05/12/2007
Decision Date:	02/18/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 34-year-old female who reported an injury on 05/12/2007. The mechanism of injury was not provided. Her relevant diagnoses included pain disorder associated with psychological factors and a general medical condition. Past treatments included medications and use of CPAP machine. On 11/20/2014, the patient complained of a lot of pain secondary to weather changes. Physical examination revealed low psychological tolerance. Her current medications were not noted. The claimant plan included stress management principals, coping skills and strategies, employing relaxation techniques, and cognitive behavioral therapy. The rationale for the request was not provided. The Request for Authorization Form was dated 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Intrathecal trial of morphine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Implantable drug-delivery systems Page(s): 53.

Decision rationale: The California MTUS Guidelines state that the use of implantable drug system criteria include documentation of failure of 6 months of conservative treatment modalities, intractable pain secondary to a diseased state with objective documentation of pathology in the medical records, surgical intervention or other treatments are not indicated or likely to be effective, psychological evaluation has been obtained and evaluation states that the patient is not primarily psychological in origin, no contraindications to implantation exist, such as sepsis or coagulopathy, and a temporary trial of spinal opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical records of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal infusion pump systems are medically necessary only when criteria 1 through 5 are met. As there is no documentation meeting the criteria for the use of an implantable drug delivery system, the request is not supported. Therefore, the request is not medically necessary.