

Case Number:	CM15-0164351		
Date Assigned:	09/01/2015	Date of Injury:	08/23/2009
Decision Date:	10/28/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 8-23-09. She reported pain in her neck, lower back and shoulder. The injured worker was diagnosed as having cervical degenerative disc disease, status post left shoulder arthroscopy, thoracic pain and chronic low back pain. Treatment to date has included a C7-T1 epidural injection on 8-31-12, an EMG of the left upper extremity on 2-13-11, a thoracic and lumbar MRI, Percocet and Fentanyl patches. Current medications include OxyContin, Nexium, Colace and Trazodone. On 5-4-15 the injured worker rated her pain a 10 out of 10 without Percocet and a 5 out of 10 with Percocet. As of the PR2 dated 7-27-15, the injured worker reports pain in her neck, back and shoulder. She rates her pain a 10 out of 10 without OxyContin and a 1 out of 10 with OxyContin. The pain medication relief lasts about 11 hours. Objective findings include decreased cervical range of motion and pain with cervical extension. The treating physician noted that the injured worker was denied for a spinal cord stimulator. The treating physician requested a consultation for a morphine pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for a morphine pump: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug-Delivery Systems (IDDSS).

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

Decision rationale: CA MTUS Guidelines state that there is insufficient evidence to recommend the use of IDDS for chronic pain. There are no good studies demonstrating long-term efficacy. There is also substantial risk associated with IDDS. In this case, the patient currently complains of pain in her neck, back and shoulder. She has excellent relief of pain with her oral medication Oxycontin, with a 10/10 pain level without Oxycontin and a 1/10 with Oxycontin. Duration of pain relief is noted to be 11 hours. The patient is able to perform ADLs and walking. No rationale is given for an IDDS when the patient receives such an excellent response to oral medications. Physical exam findings note only decrease range of motion of the neck and pain with cervical extension. The patient has also been previously denied for a spinal cord stimulator. Base on the evidence submitted above, there is no medical necessity established for an IDDS. Therefore the request for a consultation for a morphine pump is not medically necessary.