

Case Number:	CM15-0200437		
Date Assigned:	10/15/2015	Date of Injury:	02/01/1996
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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

Certification(s)/Specialty: Emergency Medicine

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 64 year old female, who sustained an industrial injury on 2-1-1996. A review of the medical records indicates that the injured worker is undergoing treatment for status post lumbar fusion with subsequent hardware removal, status post left sacroiliac joint fusion, status post spinal cord stimulator (SCS), coccydynia, reactionary depression-anxiety, medication induced gastritis, hypertension, and left hip myoligamentous injury. On 9-16-2015, the injured worker reported lower back pain with radicular symptoms to her lower extremities, rated as high as 9 out of 10 in intensity, decreased to 7 out of 10 on her current medication regimen, unchanged since the 4-30-2015 pain rating, with continued limited mobility and activity tolerance. The Primary Treating Physician's report dated 9-16-2015, noted the injured worker able to decrease her MS Contin and cut back on her Norco, with worsening symptoms, requesting to adjust her Norco. The injured worker was noted to rely on Neurontin for radicular symptoms, Lidoderm for her neuropathic pain, Fexmid for myospasms across her lower back, and Prilosec for medication induced gastritis symptoms. The injured worker was noted to experience daytime somnolence as well as difficulty sleeping at night secondary to pain. The Physician noted the injured worker was an excellent candidate for a trial on intrathecal Morphine which would decrease the amount of oral analgesic medication and enable her to be more functional and improve her quality of life. The injured worker's current medications were noted to include MS Contin, Norco, Neurontin, Fexmid, Prilosec, Effexor, Lidoderm patches, Trazodone, and medical marijuana. The physical examination was noted to show the injured worker with an antalgic gait favoring the left lower extremity, with tenderness to palpation along

the cervical posterior musculature and lumbar posterior musculature. The lumbar spine was noted to have numerous trigger points and decreased range of motion (ROM). The left hip was noted to have tenderness to palpation along the greater trochanteric region. Prior treatments have included spinal cord stimulator (SCS), medical marijuana and medications including MS Contin, Norco, Lunesta, Doral, Neurontin, Fexmid, Prilosec, Effexor, and Lidoderm patches. The treatment plan was noted to include request for authorization for a trial of intrathecal Morphine, medication refills for Norco and MS Contin, both prescribed since at least 2-12-2015, with trial of Trazodone and Prilosec dispensed, and request for authorization for a LSO brace. A urine drug screen (UDS) dated 5-5-2015, was noted to be consistent with the medications prescribed. The request for authorization dated 9-16-2015, requested Trazodone 50mg #30, intrathecal morphine pump trial, and 1 prescription of MS Contin 30mg #60. The Utilization Review (UR) dated 10-1-2015, certified the request for Trazodone 50mg #30, and non-certified the requests for intrathecal morphine pump trial, and 1 prescription of MS Contin 30mg #60. Last psychological clearance is claimed to have occurred in 4/3/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of MS Contin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: MS Contin is extended release morphine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation has appropriate documentation concerning screening for adverse events and aberrant behavior. However, it is obvious that patient has significant side effect from chronic opioid use. There is also continues to be severe debilitating pain despite continued use of opioids with little to no signs of objective improvement in functional status. While provider has plans to wean down from MS Contin and has decreased MS Contin 60mg up to 3 a day to current MS Contin 30mg 2 times a day within a 6month period, there is no documented benefit from opioids. Continued weaning is recommended but documentation fails to meet criteria for recommendation. Not medically necessary.

Intrathecal morphine pump trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs).

Decision rationale: As per MTUS Chronic pain guidelines, intrathecal opioid pumps may be considered under certain specific criteria. 1) Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated. This criteria is not met. Patient has noted severe pain and has failed multiple oral pain medications but no other treatment modalities such as psychological intervention and physical therapy has been attempted for any recent 6month period. 2) Intractable pain secondary to a disease state with objective documentation of pathology in the medical record - Meets criteria. 3) Further surgical intervention or other treatment is not indicated or likely to be effective. Provider has not documented any issues with other form of intervention. 4) Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity - Fails criteria. Provider claims a clearance was done in 4/2013. Unfortunately too much time has passed to use such a clearance since patient's psychological status could have changed in the interim. Provider also did not provide the actual report for review. Patient will require another assessment. 5. No contraindications to implantation exist such as sepsis or coagulopathy - Meets criteria. Patient fails several criteria and therefore cannot be recommended. Not medically necessary.