

Case Number:	CM15-0223321		
Date Assigned:	11/19/2015	Date of Injury:	11/22/1996
Decision Date:	12/31/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/13/2015

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: North Carolina, Georgia 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 50 year old female, who sustained an industrial injury on 11-22-1996. A review of the medical records indicates that the injured worker is undergoing treatment for spinal stenosis of the lumbar region with neurogenic, claudication, causalgia of the right upper extremity, and lumbar region spondylosis with radiculopathy. On 11-4-2015, the injured worker reported pain in the neck and lower back at the worse rated 8 out of 10 and on average 9 out of 10, noted to get better with injections and medications. The Primary Treating Physician's report dated 11-4-2015, noted the injured worker had a stellate ganglion block on the right side with 60-70% improvement in pain related to a Complex Regional Pain Syndrome (CRPS). The injured worker was noted to have previously had an implanted dorsal column stimulator with approximately 50% improvement in pain however, it did not cover all her pain and had to be explanted when the injured worker developed Lyme's disease and required frequent MRI scans. The Physician noted the injured worker continued to have chronic pain greater than six months duration with multiple epidural steroid injections (ESIs) and three back surgeries, unable to reduce the use of medications and was noted to be escalating the use of medications at that time. The physical examination was noted to show decreased sensation in the right shoulder with spasm in the lumbar paravertebral region, restricted lumbar spine range of motion (ROM), and tenderness in the bilateral lumbar paravertebral regions at the L4-L5 and L5-S1 levels. Prior treatments have included Cyclobenzaprine, Soma, Topamax, Tramadol ER, Relafen, Ambien CR, Norco, Omeprazole, Seroquel, Valium, Vicodin ES, Wellbutrin, and Ibuprofen. The treatment plan was noted to include a request for authorization for an intrathecal injection of

Morphine for a trial of pump placement. The Physician noted the injured worker had previously had a psychological evaluation and had been cleared for implantable therapy, but this report was not included for review. The request for authorization dated 11-4-2015, requested a Morphine intrathecal injection for trial of pump placement. The Utilization Review (UR) dated 11-6-2015, denied the request for a Morphine intrathecal injection for trial of pump placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine intrathecal injection for trial of pump placement: Upheld

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

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

Decision rationale: CA MTUS describes strict criteria for use of an intrathecal drug delivery system. These criteria require pain with a duration of greater than 6 months and all of the following criteria are met and documented by treating providers in the medical record: (1) Non-opioid oral medication regimens have been tried and have failed to relieve pain and improve function (see functional improvement); and (2) At least 6 months of other conservative treatment modalities (injection, surgical, psychologic or physical), have been ineffective in relieving pain and improving function; and (3) Intractable pain secondary to a disease state with objective documentation of pathology in the medical record (per symptoms, physical examination and diagnostic testing); and (4) Further surgical intervention or other treatment is not indicated or likely to be effective; and (5) Independent psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin, the patient has realistic expectations and that benefit would occur with implantation despite any psychiatric comorbidity; and (6) No contraindications to implantation exist such as sepsis, spinal infection, anticoagulation or coagulopathy; and (7) There has been documented improvement in pain and function in response to oral opioid medications but intolerable adverse effects preclude their continued use; and (8) A temporary trial of spinal (epidural or intrathecal) 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 record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinial) infusion pumps is considered medically necessary only when criteria 1-7 above are met. If treatment is determined to be medically necessary, as with all other treatment modalities, the efficacy and continued need for this intervention and refills should be periodically reassessed and documented. In this case, the medical record indicates that the clamant saw a surgeon who assessed that "major surgery" would be needed but the actual report from the surgeon was not included for review. The medical record states that she has had a psychological evaluation but the report is not included for review. There is also not explicit assessment of presence or absence of contra-indications to the implantation. Because the medical record is ambiguous about whether she is a surgical candidate, does not include a psychological assessment and does not explicitly address absence of contraindications for an intrathecal drug delivery system, a trial of intrathecal morphine is not medically necessary.