

<b>Case Number:</b>	CM15-0035675		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/30/1997
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 55-year-old male, who sustained an industrial injury on May 30, 1997. He has reported a back injury. The diagnoses have included status post laminectomy/discectomy at L4-3. Treatment to date has included medications, and surgery. Currently, the IW complains of continued back pain, which he felt was getting worse, with radiation and weakness in the legs. Physical findings indicated are use of a cane for ambulation, limping on the right leg during ambulation. Low back range of motion is noted as: flexion 30 degrees, extension 10 degrees, left and right lateral bending 10 degrees. Current medications are listed as: Oxycontin 40mg, Duragesic patch 25 mcg, Ambien 10mg, Norco 10/325mg, Ultram 50mg, Motrin 800mg, Lyrica 75mg, Prilosec 20mg, and Viagra 100mg. On February 11, 2015, Utilization Review non-certified morphine pump placement. The MTUS guidelines were cited. On February 19, 2015, the injured worker submitted an application for IMR for review of morphine pump placement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine pump placement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal pain pump Page(s): 54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Intra-theal pain pump.

**Decision rationale:** Pursuant to the Official Disability Guidelines, morphine pain pump placement is not medically necessary. Pain pumps are used for treatment of nonmalignant (noncancerous) pain with duration of greater than six months and all of the following criteria are met and documented by treating providers in the medical record. These include non-opiate oral medication regimens have been tried and failed to relieve pain and improve function; at least six months of other conservative treatment modalities including injection, surgical, psychological or physical) have been ineffective in relieving pain and improving function; intractable pain secondary to a disease state with objective documentation of pathology; further surgical intervention or other treatment is not indicated are likely to be effective; independent psychological evaluation has been obtained and the evaluation states pain is not psychological origin, the patient has realistic expectations and that benefit would occur with implantation despite any psychiatric comorbidity and no contraindication exists; there has been documented improvement in pain and function in response to oral opiate medications; a temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by 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 infusion pumps is considered medically necessary only when the criteria enumerated above are met. In this case, the injured worker's working diagnoses are status post multiple back surgeries with fusion and failed back syndrome; status post cervical surgery with fusion and disc placement; and history of spinal cord stimulator implantation failure and subsequent removal. The documentation indicates Tramadol, Fentanyl and OxyContin were prescribed at one point over the course of the treatment period. The documentation does not contain evidence of objective functional improvement with the aforementioned medications. There is no documented improvement or non-improvement in pain and function in response to oral opiate medications. There is no documentation of an independent psychological evaluation to rule out a psychological etiology for pain and to determine the injured worker has realistic expectations. Additionally, the guidelines state a temporary trial of intrathecal infusion pump is considered prior to permanent placement of an intrathecal morphine pain pump. There was no one-month temporary trial. The request does not distinguish between an intrathecal trial pain pump and permanent placement. Consequently, absent clinical documentation with a psychological evaluation and a temporary trial of the intrathecal pain pump, morphine pain pump placement is not medically necessary.