

<b>Case Number:</b>	CM14-0162803		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	01/10/2007
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 42 year old male who reported an injury on 01/10/2007 due to an unspecified mechanism of injury. His diagnoses include lumbar post laminectomy syndrome. His past treatments include surgery, medications, and steroid injections. Diagnostic studies included an EMG on 03/11/2014 by [REDACTED] revealing bilateral chronic active C5-6 radiculopathy and bilateral carpal tunnel syndrome as well as bilateral chronic active L4-5 and S1 radiculopathy. On 06/18/2014, the injured worker underwent removal of the hardware with extension of the fusion to L2-3. On 06/23/2014, the injured worker complained of persistent low back pain with significant radicular symptoms to both lower extremities. He rated his pain at 10/10 without medications and 6-7/10 with medications. He also complained of increased neck pain with associated cervicogenic headaches, as well as radicular symptoms to both upper extremities. Upon examination on 07/14/2014, the injured worker had decreased range of motion with obvious muscle guarding, tenderness to palpation of the posterior lumbar musculature, decreased deep tendon reflexes, and positive straight leg raise. His medications were listed as Oxycontin 40mg, Norco 10/325mg, Anaprox DS 550mg, Fexmid 7.5mg, Zofran ODT 8mg, and Omeprazole 20mg. The treatment plan included physical therapy, medications, and diagnostic tests. A request was received for a trial of Intrathecal Narcotic/Intrathecal Morphine 1.5ML. The rationale for the request is that the patient has had escalating pain medication use with worsening pain and has not been recommended for further surgical intervention. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIAL OF INTRATHECAL NARCOTIC / INTRATHECAL MORPHINE 1.5ML:**

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 Chronic Pain Page(s): 52.

**Decision rationale:** The request for a trial of Intrathecal Narcotic/Intrathecal Morphine 1.5ML is not medically necessary. The California MTUS guidelines recommend implantable drug-delivery systems only as an end-stage alternative after failure of at least 6 months of less invasive methods. The injured worker does state that with medications his pain is rated at a 6-7/10 whereas without medications his pain level is rated a 10/10. However, there is no documentation to support the failure of the medication regimen. Lastly, the patient has not been screened for psychological clearance. Therefore, the request is not medically necessary.