

<b>Case Number:</b>	CM14-0166790		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	05/21/1999
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a female with date of injury 5/21/1999. Per follow up pain management consultation and review of medical records dated 4/7/2014, the injured worker continues to have debilitating pain in her neck with cervicogenic headaches, and pain radiating into the upper extremities. The pain radiates down into the thoracic and even to the lumbar spine, making it very difficult to ambulate and be functional throughout the day. She has difficulty powering her own wheel chair because of her ongoing pain as well as debility in both shoulders and upper extremities. She continues to rely on her daughter who provides assistance. She remains depressed and anxious due to her ongoing pain with significant functional limitations. On examination she is in obvious distress and appears somewhat anxious. The posterior cervical musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles. She has decreased range of motion. She is able to bend her neck forward to about two fingerbreadths from the sternum, and extension is limited to 10 degrees. She has pain with both maneuvers. There is a well healed scar on the right shoulder with significant limitation of range of motion with shoulder abduction to around 80 degrees. In comparison to the left upper extremity shoulder abduction, which is around 120 to 130 degrees. She has decreased strength in the right upper extremity, secondary to pain in her neck and right shoulder, in comparison to the left upper extremity. Sensation is decreased along the right upper extremity and lateral forearm in comparison to her left. Upper extremity reflexes are 2+. The lumbar spine reveals tenderness to palpation along the lumbar musculature bilaterally. She has a decreased range of motion. She is able to bend forward with her outstretched fingers to the level of her knees. Extension is limited to 10 degrees. Lower extremity reflexes are 1+. Sensation is decreased along the lateral aspect of her calves bilaterally. Motor testing is 4 to 4+/5 in both lower extremities. Diagnoses

include 1) cervical spinal stenosis with bilateral upper extremity radiculopathy and associated cervicogenic headaches 2) cervicogenic headaches becoming migrainous on occasion 3) lumbar myoligamentous injury 4) right shoulder internal derangement, status post acromioplasty and coracoacromial ligament resection 1/13/2000 5) reactionary depression/anxiety 6) medication induced gastritis 7) obesity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Trial of Intrathecal Morphine Single Shot, 1.0 MG of Morphine with Placement of Epidural Catheter: 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 (IDDSs) section, Page(s): 52-54.

**Decision rationale:** The requesting physician explains that the injured worker is having severe and debilitating pain. She does not like taking her pain medication, but absolutely requires it to have any type of functional abilities throughout the day and maintain any type of active lifestyle. Her chronic pain condition prevents her from not only being active, but is psychologically destroying her life. Psychological evaluation and clearance has been completed. The claims administrator notes that a request for intrathecal morphine pump trial was noncertified on 11/15/2013. Of note, it isn't clear that the injured worker has not failed all other conservative measures. In particular, a prior request for epidural steroid injection had been approved but after it had been put on hold for medical complications, the injured worker chose to not have the epidural steroid injection because it provides temporary relief. In addition, the injured worker is reported to have psychological clearance, but has been diagnosed with reactionary depression and anxiety. The MTUS Guidelines recommend the use of an implantable drug delivery system only as an end-stage treatment alternative for selected patients for specific conditions, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. For most patients, it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction. The criteria for use for non-malignant pain with duration of greater 6 months include 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; and 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and 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; and 5. No contraindications to implantation exist such as sepsis or coagulopathy; and 6. 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 1-5 above are met. Following review of medical reports, it is not clear that surgery is not indicated. The injured worker is also reported to have significant reactionary depression and anxiety, and it is not clear that she is a good candidate for this procedure. She has opted to not have an epidural steroid injection that was previously approved, which does not suggest that the injured worker is ready for an end stage treatment. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Trial of Intrathecal Morphine Single Shot, 1.0 MG of Morphine with Placement of Epidural Catheter is not medically necessary.