

Case Number:	CM13-0055548		
Date Assigned:	12/30/2013	Date of Injury:	10/27/1997
Decision Date:	03/18/2015	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/21/2013

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old male, who sustained an industrial injury on 10/27/1997. On 11/21/2013, the injured worker submitted an application for IMR for review of One Intrathecal Lumbar morphine Injection for Symptoms Related to Lumbar Injury. The treating provider reported the injured worker has complaints of low back pain described as dull, burning and intermittent radiating to bilateral buttocks and now to the left leg numbness, paresthesia and weakness. A previous trial was noted and failed for Duramorph, and then Morphine. Now the provider is requesting another Morphine trial and not the actual implant. Quality of injured worker's back pain is noted as severe. The diagnoses have included low back pain, lumbar disc displacement, post-laminectomy syndrome lumbar region, and lumbar radiculopathy. Treatment to date has included Duramorph trial with minimum Duramorph, trialed and failure a previous intrathecal morphine trial, status post removal of spinal cord stimulator (3/4/14). Pain levels are documented as 8-9/10. There were objective findings of tenderness of the lumbar paraspinal muscles, atrophy of the quadriceps but 5/5 motor power and decreased sensation of the lower extremities. The straight leg raising test was reported to be positive. The medications listed on the note dated 12/3/2014 are Kadian, MSContin, Clonazepam, Ambien, Soma and Nortriptyline. On 11/7/13 Utilization Review non-certified One Intrathecal Lumbar morphine Injection for Symptoms Related to Lumbar Injury per the ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE INTRATHECAL LUMBAR MORPHINE INJECTION FOR SYMPTOMS RELATED TO LUMBAR INJURY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter; Trial for Implantable drug delivery systems.

Decision rationale: The CA MTUS did not fully address the utilization of implantable drug delivery systems for the treatment of chronic musculoskeletal pain. The ODG guidelines recommend that implantable drug delivery systems can be utilized for patients who have failed more than 6 months of conservative treatments with medications, PT and have completed interventional pain procedures and surgical options. The patient can proceed to an implantation of the pump if there is documentation of a successful trials as noted by improved physical function, decreased pain scores and decreased oral medications utilization with no adverse effects. The records indicate that the patient is utilizing very high doses of multiple opioids and other sedative medications. The patient had previously completed Intrathecal Opioid Trials as well as Spinal Cord Stimulator implantations without documentation of significant reduction in medications utilization or physical functional improvements. There was no documentation that opioid induced hyperalgesia had been ruled out as contributing to the severity of pain despite the presence of limited objective findings and utilization of high dose opioids. The criteria for one Lumbar Intrathecal Morphine Trial was not met.