

<b>Case Number:</b>	CM15-0161737		
<b>Date Assigned:</b>	08/25/2015	<b>Date of Injury:</b>	09/10/2001
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Arizona, California

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 67 year old female, who sustained an industrial injury on 9-10-2001. Medical records indicate the worker is undergoing treatment for chronic low back pain, lumbar disc degeneration, lumbar post laminectomy syndrome, lumbago and thoracic or lumbosacral neuritis or radiculitis. A recent progress report dated 7-22-2015, noted the injured worker reported no new changes and has stable pain control. Physical examination revealed the injured worker was alert and oriented and walks with a cane. Treatment to date has included physical therapy and medication management. The physician is requesting Intrathecal pain pump refill, Morphine for pain pump and refill kit for pain pump for pain pump refill with no changes and the next planned refill is for 9-2-2015. On 7-27-2015, the Utilization Review noncertified the request for Intrathecal pain pump refill, Morphine for pain pump and refill kit for pain pump.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intrathecal pain pump refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the guidelines, pain pumps may be used for those with cancer with and refractory spasticity of the spinal cord unresponsive to Baclofen. It may be used for intractable pain after psychological evaluation, failure of oral medication and further surgery is not recommended. In this case, the claimant was on a Morphine pump for over 7 years. Pain scores were not noted and symptoms have been stable for several months. Exam notes were not provided. Weaning attempt was not noted. There is no mention of spasticity or failure of other options. The use of the pump was not justified and is not medically necessary.

**Morphine for pain pump:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the guidelines, pain pumps may be used for those with cancer with and refractory spasticity of the spinal cord unresponsive to Baclofen. It may be used for intractable pain after psychological evaluation, failure of oral medication and further surgery is not recommended. In this case, the claimant was on a Morphine pump for over 7 years. Pain scores were not noted and symptoms have been stable for several months. Exam notes were not provided. Weaning attempt was not noted. There is no mention of spasticity or failure of other options. The use of the pump was not justified and is not medically necessary. Therefore, the use of Morphine for the pain medication via the pump is not medically necessary.

**Refill kit for pain pump:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the guidelines, pain pumps may be used for those with cancer with and refractory spasticity of the spinal cord unresponsive to Baclofen. It may be used for intractable pain after psychological evaluation, failure of oral medication and further surgery is not recommended. In this case, the claimant was on a Morphine pump for over 7 years. Pain scores were not noted and symptoms have been stable for several months. Exam notes were not provided. Weaning attempt was not noted. There is no mention of spasticity or failure of other options. The use of the pump was not justified and is not medically necessary. Therefore, the need for the refill kit is not medically necessary.

