

<b>Case Number:</b>	CM15-0175304		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/02/2000
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 female who sustained an industrial injury on 3-2-00. The injured worker reported pain in the back. A review of the medical records indicates that the injured worker is undergoing treatments for cervical stenosis of spine, neuralgia and or neuritis not otherwise specified, lumbar stenosis and post-laminectomy syndrome lumbar. Medical records dated 8-13-15 indicate "constant, sharp, shooting and aching" pain rated at 7 out of 10. Treatment has included Soma since at least February of 2015, Norco since at least February of 2015, morphine sulfate controlled-release since at least February of 2015, Lidoderm Patch since at least July of 2015, Gralise since at least August of 2015, home exercise program, heat and cold therapy. Objective findings dated 8-13-15 were notable for tenderness to lumbosacral and cervical spine with spasms, antalgic gait noted. The original utilization review (8-6-15) denied a request for Psychological evaluation, for morphine pump trial (with specialist).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological evaluation, for morphine pump trial (with specialist): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** Pursuant to the ACOEM, psychological evaluation for morphine pump trial (with specialist) is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured workers working diagnoses are spinal stenosis cervical region; neuralgia and/or neuritis; lumbar stenosis; and post laminectomy syndrome lumbar. Date of injury is March 2, 2000. Date of injury is July 31, 2015. Documentation (previous utilization reviews) indicates the treating provider requested morphine sulfate pumps in the past. These requests have been uncertified. According to a July 31, 2015 progress note, the injured worker is ongoing chronic back pain. Pain score is 6-10/10. Medications include soma 350 mg b.i.d.; Norco 10 mg/325 mg Q4 hours; MS Contin 15 mg and 30 mg Q8 hours; and Lidoderm patch. The documentation does not specify failed treatment with medication. Implantable drug delivery systems are recommended only as an end-stage treatment alternative for selected patients for specific conditions, after failure of at least six months of less invasive methods. There is no documentation in the medical record of failed conservative and interventional care. Additionally, there is no documentation of failed service of treatment modalities for six months (pharmacologic, surgical, psychological or physical). There is no clinical rationale for a morphine pump clinical trial. Based on clinical information record, peer-reviewed evidence-based guidelines, no documentation specifying failed treatment with medications, no documentation reflecting an attempt at weaning opiate medications and no documentation/summary of failed treatment modalities (pharmacologic, surgical, psychological or physical), psychological evaluation for morphine pump trial (with specialist) is not medically necessary.