

Case Number:	CM15-0178680		
Date Assigned:	09/18/2015	Date of Injury:	04/18/2006
Decision Date:	10/22/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 4-18-06. A review of the medical records indicates he is undergoing treatment for low back pain, post lumbar laminectomy syndrome, muscle spasms, cervical pain, mood disorder, shoulder pain, post cervical laminectomy syndrome, pain at donor bone graft site - right pelvis, and long-term use of medications. Medical records (1-16-15 to 8-28-15) indicate that the injured worker has had ongoing complaints of low back pain that radiates to feet bilaterally, the right heel, and all toes on his left foot. He has rated his pain as 7-8 out of 10 since January 2015. The physical exam (7-7-15) reveals restricted range of motion in the lumbar spine, positive straight leg raising test, restricted and painful range of motion of the right shoulder, and decreased sensation "over the first toe on the right side and lateral foot, posterior thigh, lateral thigh, and 4th and 5th toe on the left side; dysesthesias are present over lateral foot, medial foot, 2nd toe, 3rd toe, 4th toe, heel pain on the left side". The treating physician indicates on 8-28-15 that the intrathecal morphine pump was refilled. Diagnostic studies have included a CT of the lumbar spine, x-rays of the lumbar spine, and a urine toxicology drug screen. Treatment has included bilateral L5 transforaminal epidural steroid injections, an L4-L5 laminectomy on 6-26-14, a Morphine intrathecal pump, and Medications, which include Senna, Lidoderm patches, Morphine via IT pump, Opana ER, Baclofen, Lunesta, Oxycodone, Clonazepam, Levitra, Lisinopril, Protonix, Remeron, Zocor, and Metformin. The progress records do not indicate the effects of the injured worker's pain on his ability to participate in activities of daily living. The utilization review (9-10-15) indicates the requested treatment of Morphine 25gm/ml with a quantity of 20. This was

modified to Morphine 20mg/ml with a quantity of 20cc, as the guidelines recommend not to exceed a concentration of 20mg/ml, as a high concentration of Morphine increases the risk of a catheter tip granuloma and should not be utilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 25mg/ml, #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Morphine, IDDS medication.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Implantable drug-delivery systems (IDDSs).

Decision rationale: The claimant sustained a work injury in April 2006 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome of the cervical and lumbar spine. Current treatments include use of an intrathecal drug delivery system. He was seen for a pump refill on 08/28/15. Medications were decreasing pain from 10/10 to 8/10. Physical examination findings included a body mass index over 35. He appeared to be in mild pain. The pump was refilled with 18 ml and reprogrammed. Authorization is being requested for pump replacement with a replacement interval within the next six months. Morphine sulfate at a concentration of 25 mg/ml is being used for refills. The pump has a 20 ml capacity. In terms of medications used with an intrathecal drug delivery system, the maximum recommended concentration of morphine is 20 mg/ml. Higher concentrations are not recommended due to an increased risk of granuloma formation at the catheter tip. In this case, 450 mg of morphine is being used for refills. Although the pump does not have the capacity to accept the same amount of morphine at a 20mg/ml concentration, pump replacement is being planned in the next six months and continued management can be done through more frequent refills. For this reason the request is not medically necessary.