MAXIMUS Federal Services

Case Number:	CM15-0069823		
Date Assigned:	04/17/2015	Date of Injury:	02/28/1992
Decision Date:	05/20/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/13/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 2/28/92. The injured worker has complaints of right lower extremity pain. The diagnoses have included complex regional pain syndrome, right lower extremity; narcotic dependency and major depression. Treatment to date has included oxycontin; actiq; ambien; lyrica; cymbalta; imitrex; skelaxin; scopolamine patch; zanax; Zyrtec; tigan; phenergan; lidoderm patch; right total knee arthroplasty and multiple other surgeries of the right lower extremity; spinal cord stimulator and injections. The request was for intrathecal morphine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal morphine epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52 and 53.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter online for: intrathecal drug delivery systems.

Decision rationale: Based on the 3/26/15 progress report provided by the treating physician, this patient presents with right lower extremity pain. The treater has asked for INTRATHECAL MORPHINE EPIDURAL STEROID INJECTION on 3/26/15 The requesting progress report further specifies request: My plan is to implant pain pump subcutaneous with intrathecal catheter placement for direct infusion delivery. In order to proceed for a pain pump, we have to do intrathecal morphine test with injecting 0.2mg of preservative-free Duramorph in the lumbar spine if the patient feels great with good pain relief at least 50% with intrathecal test dose for 24 hours after the test dose will decreasing the narcotic intake by mouth significantly by at least 70%, she will be a good candidate for pain pump implant. The request for authorization was not included in provided reports. The patient is s/p multiple right lower extremity surgeries, mainly in her right knee per 3/26/15 report. The patient is s/p spinal cord stimulator paddle lead placement at T10 thoracic level per 3/26/15 report. The patient is currently taking Oxycontin, Actiq, Ambien, Lyrica, Cymbalta, Imitrex, Skelaxin, Scopolamine, Xanax, Zyrtec, Tigan, Phenergan, Lidoderm, and Inderal as of 3/26/15 report. The patients' work status is not included in the provided documentation. MTUS and ACOEM Guidelines do not discuss intrathecal drug delivery systems. However, ODG Guidelines has the following in the pain section, which states, "Recommended 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. Indications for implantable drug delivery system when it is used for the treatment of non-malignant pain with a duration of greater than six months and all of the following criteria are met: 1) Documentation in the medical records of failure of 6 months of other conservative treatment modalities, 2) Intractable pain secondary to a disease state with objective documentation of pathology, 3) Further surgical intervention or other treatment is not indicated, 4) Psychological lab evaluation had been obtained, 5) No contraindications to implantation, and 6) A temporary trial of spinal epidural or intrathecal opiates have been successful prior to permanent implantation with at least 50% to 70% reduction in pain." In this case, the patient has failed conservative treatment and the treater is requesting a morphine epidural steroid injection as a test prior to an intrathecal pain pump implantation. ODG states that a trial of spinal epidural or intrathecal opiate is indicated prior to permanent implantation. Therefore, the request IS medically necessary.