

Case Number:	CM13-0012908		
Date Assigned:	11/06/2013	Date of Injury:	10/01/2003
Decision Date:	01/17/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty certificate in Interventional Spine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 IMR application shows a dispute with the 8/1/13 UR decision to non-certify the Demerol injection on 7/12/13. This is a 60 year-old female with a 10/1/03 industrial injury and failed back surgery syndrome. She has been maintained on OxyContin, a morphine pump and Demerol injections. The records show that when patient's morphine pump was refilled on 8/31/12, 10/2/12, 11/2/12, 11/30/12, the physician also provided a Demerol injection. In the 10/2/12 AME supplemental report, [REDACTED] states the patient should be seen to have the morphine pump refilled but that there should also be attempts to wean oral narcotics, and he does not feel the weekly IM narcotic injections are necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Pain Injection of Demerol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine (Demerol ®) Page(s): 61.

Decision rationale: MTUS guidelines do not recommend Demerol for chronic pain control. The records appear to show that the patient receives a Demerol injection monthly when she has her morphine pump refilled. This is not in accordance with MTUS guidelines.