

Case Number:	CM13-0045398		
Date Assigned:	12/27/2013	Date of Injury:	06/07/2013
Decision Date:	02/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 56-year-old female presenting with left-sided neck pain on August 19, 2013 following a work-related injury on June 7, 2013. The claimant reported neck pain radiating down the left shoulder. The physical exam was significant for decreased cervical spine range of motion on side to side bending and rotation to the left, tenderness and spasms in the left side of the neck, and weakness in the left shoulder region. The provider recommended that the claimant continue oral medication and physical therapy. The provider noted that the claimant was in severe pain. The claimant was given an intramuscular Demerol and Phenergan injection to control the severe pain. The claimant's medications include Norco, Soma, and Mobic. The claimant was diagnosed with cervical disc disease with radiculitis, and left shoulder impingement. The claimant had several office visits in addition to August 19, 2013 visit where she received IM injection of Demerol and Phenergan. An office visit on October 14, 2013 noted that the claimant complains of severe pain and requested an injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Demerol 100 mg IM injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: Retrospective request for Demerol 100mg IM injection is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with her current opioid therapy. The claimant has long-term use with opioid medication and there was a lack of improved function; therefore the request is not medically necessary.

Retrospective request for Phenergan 50 mg IM injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Guidelines WEB; 2004: Pain chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-emetics Page(s): 10.

Decision rationale: The chronic pain medical treatment guidelines on anti-emetics such as Phenergan states that they are FDA approved for nausea and vomiting secondary to chemotherapy and radiation, postoperative use and acute treatment for gastroenteritis. Phenergan in this case is not medically necessary because it was administered in conjunction with Demerol in anticipation of opioid induced nausea and vomiting. There was no documentation that the claimant had such a symptomology and improved function with this medication or with its' co-administration, Demerol; therefore the request is not medically necessary.