

Case Number:	CM13-0046843		
Date Assigned:	12/27/2013	Date of Injury:	06/07/2013
Decision Date:	03/14/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 Occupational Medicine, 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 claimant was injured on 6/7/13. On 8/19/13, she reported neck pain at 9/10 on the left side. Her back pain was better, but her neck pain was worse and radiated to her left shoulder. She had decreased neck range of motion with no significant sensory or motor deficits in her upper extremities. She had tenderness and spasm of the neck and left shoulder weakness. She was given a Demerol/Phenergan injection for control of severe pain. On 09/16/13, she was seen again. At that time, Norco and Soma seemed to help. She had level 9/10 pain. She had a history of cervical and lumbar disc disease with radiculitis, left shoulder impingement, and myofascial pain. She was given another injection for severe pain and underwent a drug screen. She continued on Norco, Soma, and Mobic. She continued with similar pain on 9/30/13 and was given another injection of Demerol/Phenergan. She was to continue her home exercise program as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Demerol injection administered on 9/30/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61, 78.

Decision rationale: The history and documentation do not objectively support the request for the use of Demerol for the control of chronic musculoskeletal pain. The California MTUS Chronic Pain Medical Treatment Guidelines state that Demerol is not recommended for the control of chronic pain. The claimant had chronic pain for which she was taking another opioid, Norco. The MTUS further states that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. These criteria have not been addressed in the records. The medical necessity of the use of Demerol has not been clearly demonstrated under these circumstances. The request is noncertified.

retrospective request for a Phenergan injection administered on 9/30/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The history and documentation do not objectively support the request for the use of Phenergan which was given in combination with Demerol likely to potentiate the effect of the opioid. The use of Demerol is not recommended for the control of chronic pain, and therefore, this injection of Phenergan also is not recommended. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.