

Case Number:	CM13-0055268		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2011
Decision Date:	05/19/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/20/2013

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 Medicine, and is licensed to practice in Texas and Florida. 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 patient was injured on 9/28/2011. The patient developed chronic low back and left knee pain. There is associated muscle spasm in the trapezius area. On a Clinic visit on 11/5/2013, the patient complained of severe pain and muscle spasm in the lower back and trapezius area. There was crepitus and tenderness on examination of the left knee. The patient was treated with a steroid injection on the knee. A Utilization Review was rendered on 11/20/2013 recommending non-certification for Injections of Demerol 50mg, Phenergan 50mg, toradol 60mg, dexamethasone 10mg and DepoMedrol 80mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEMEROL 50 MG: 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): 74-96.

Decision rationale: The California MTUS guidelines do not address the specific use of Demerol for the treatment of pain. Parenteral opioids are not recommended in the management of chronic musculoskeletal pain. Opioids can be utilized for short term treatment of severe pain during

acute injury or periods of exacerbations of chronic pain that is non-responsive to standard treatment with NSAIDs, physical therapy and exercise. The use of Demerol is associated with a high incident of addiction, physical dependency and habituation.

PHENERGEN 50 MCG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PAIN CHAPTER

Decision rationale: The California MTUS guidelines did not address the use of Phenergan for the treatment of chronic pain. The ODG does not recommend the use of parenteral Phenergan in the treatment of chronic pain. The use of Phenergan is limited to acute care settings for the prevention and treatment of severe allergic conditions and opioid associated nausea and vomiting. The employee had a history of chronic low back and left knee pain.

TORADOL 60 MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES

Decision rationale: The California MTUS guidelines did not address the use of Toradol for the treatment of chronic pain. The ODG recommends that the use of Toradol injection be limited to the treatment of severe pain in an acute care setting. This employee is being treated for chronic low back and knee pain. The use of Toradol injection can be associated with NSAID related complications. The criteria for the use of Toradol injection was not met.

DEXAMETHASONE 10 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.DRUGS.COM/PRO/DEXAMETHASONE.HTML](http://www.drugs.com/pro/dexamethasone.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: The California MTUS guidelines did not address the use of steroid injections in the treatment of chronic pain. The use of steroid injections was addressed by the ODG guidelines. The use of intramuscular injection of dexamethazone is limited to acute conditions such as severe allergic reactions. Intramuscular steroid injections are not indicated for the treatment of chronic knee and low back pain.

DEPO-MEDROL 80 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.DRUGS.COM/PRO/DEXAMETHASONE.HTML](http://www.drugs.com/pro/dexamethasone.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: The California MTUS guidelines did not address the use of steroid injections in the treatment of chronic musculoskeletal pain. The ODG does recommend intra-articular steroid injections for the treatment of chronic joint pain. Steroid injections can lead to reduction of inflammation and swelling in the joints. This employee was concurrently being treated with two steroids- dexamethasone and DepoMedrol. There is increased risk of steroid induced complications in patient receiving high dose steroid treatment.