

Case Number:	CM13-0067846		
Date Assigned:	05/07/2014	Date of Injury:	10/01/2008
Decision Date:	06/13/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	12/18/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty 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 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/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 is a 44 year old with an injury date on 10/1/08. Based on the 11/21/13 progress report provided by [REDACTED] the diagnoses are: history of L4-L5 disc herniation with bilateral sciatic symptoms, worse on the left than the right; she had a provocative discogram at L4-L5 and L5-S1 levels previously reproducing typical pain; nonindustrial kidney stones, currently stable, status post removal of JJ stent in the left ureter; history of reoccurring urinary tract infection; nonindustrial diabetes, well controlled per patient. Exam of L-spine on 11/21/13 showed "limited ROM. Forward flex to 30 degrees, extension to 5 degrees with left-sided back pain. SLR is 80 degrees bilaterally. Palpation reveals muscle rigidity suggesting muscle spasm." [REDACTED] is requesting 1 injection of 10mg of morphine with 25mg of phenergan. The utilization review determination being challenged is dated 12/6/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 IM NJECTION OF 10MG OF MORPHINE WITH 25MG OF PHENARGAN: 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 Criteria For Use of Opioids, Page(s): 76-78.

Decision rationale: The MTUS do not discuss injections of opiates for chronic pain. Although it is understandable that the patient's pain level is high from inability to obtain medications, there is no guidelines support for office I.M. injections of opiates for management of chronic pain. They only provide temporary relief and are not a solution for long-term chronic pain problem. Therefore, the request for 1 I.M. injection of 10 mg of Morphine with 25 mg of Phenergan is not medically necessary and appropriate.