

Case Number:	CM14-0017688		
Date Assigned:	04/16/2014	Date of Injury:	09/28/2011
Decision Date:	09/12/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 55-year-old male with a 9/28/11 date of injury. The mechanism of injury was not noted. According to a 1/17/14 progress report, the patient has had a painful condition about the neck, lower back, and left knee. He reported significant disability to the lower back. He has been unable to walk for any prolonged period of time for the past several days. He stated that whenever he stands for any period of time, he has severe lower back pain with numbness and tingling down the lower extremities, as well as a burning sensation into the upper extremities. Objective findings: cervical spine paraspinal tenderness to palpation, spasm noted about the bilateral trapezial areas, lumbar spine paraspinal tenderness to palpation, spasm noted about the lower lumbar region, painful ROM, straight leg raise test is positive bilaterally, left knee has crepitus and pain with motion, moderate effusion noted. MRI of lumbar spine dated 4/7/13 revealed slight progression of the changes at the L5-S1. L5-S1: disc degeneration. There is a 3mm broad-based right and central disc bulge with an annular tear of the posterior disc margin. Mild facet arthropathy is noted bilaterally without significant central canal nerve root canal stenosis. Milder lumbar spondylotic changes are noted at the remaining disc levels. Diagnostic impression: disc bulge, cervical spine; disc bulge, lumbar spine; posttraumatic osteoarthritis, left knee; history of concussion with memory loss. Treatment to date: medication management, activity modification, Orthovisc injection, physical therapy, chiropractic therapy, acupuncture. A UR decision dated 2/3/14 denied the requests for MRI cervical, MRI lumbar, IM Demerol, IM Phenergan, IM Toradol, IM Dexamethasone, and IM Depo-Medrol. Regarding MRI cervical and MRI lumbar, this is a 2-1/2 year-old injury and there is no discussion regarding prior imaging, specific nerve compromise, or progression of neurologic symptoms. Regarding IM Demerol, IM Phenergan, and IM Toradol, the current physical examination did not note a significant increase or acute exacerbation of pain supporting the need for an IM opioid injection. There is no

documentation of an antiemetic or an exacerbation of pain. Regarding IM Dexamethasone and IM Depo-Medrol, the physical examination did not note examination findings supportive of the need of an IM steroid injection, which normally is reserved for acute red flag issues versus oral steroids as an anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - MRI.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. According to the reports reviewed, there is no documentation of specific nerve compromise noted on physical examination. In addition, there is no discussion regarding prior imaging. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for MRI Cervical was not medically necessary.

MRI LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. According to the reports reviewed, it is noted that the patient had a prior lumbar MRI done on 4/7/13. There is no documentation of any significant changes in the patient's condition to warrant repeat imaging. According to the reports reviewed, there is no documentation of specific nerve compromise noted on physical examination. In addition, there is no documentation as to failure of conservative management. Therefore, the request for MRI lumbar was not medically necessary.

INTRAMUSCULAR INJECTION (IM) OF DEMEROL 50MG: 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/DEMEROL.HTML](http://www.drugs.com/pro/demerol.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS does not address this issue. ODG does not recommend Meperidine for either acute or chronic pain control. Meperidine is a narcotic analgesic, similar to morphine, and has been used to relieve moderate to severe pain. The AGS updated Beers criteria for inappropriate medication use includes meperidine. Agonist-antagonists such as meperidine (Demerol) should never be used for either acute or chronic pain. There is no rationale provided as to why the patient would require an IM Meperidine injection despite lack of guideline support. There is no documentation as to why the patient cannot take another opioid analgesic for his pain. Therefore, the request for Intramuscular Injection (IM) Of Demerol 50mg was not medically necessary.

INTRAMUSCULAR INJECTION (IM) OF PHENERGAN 50MG: 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/PHENERGAN.HTML](http://www.drugs.com/pro/phenergan.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Phenergan).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Phenergan is indicated for active and prophylactic treatment of motion sickness; antiemetic therapy in postoperative patients; anaphylactic reactions; as adjunctive therapy to epinephrine and other standard measures, after the acute manifestations have been controlled; preoperative, postoperative, or obstetric sedation; or prevention and control of nausea and vomiting associated with certain types of anesthesia and surgery. Guidelines do not support the use of Phenergan for nausea and vomiting secondary to chronic opioid use except in the immediate postoperative situation. In addition, there is no documentation provided as to why the patient cannot tolerate an oral medication. Therefore, the request for Intramuscular Injection (IM) Of Phenergan 50mg was not medically necessary.

INTRAMUSCULAR INJECTION OF TORADOL 60MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Ketorolac).

Decision rationale: The FDA states that Ketorolac is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of Ketorolac tromethamine. There is no documentation that this patient has failed first-line analgesic medications to support the medical necessity of intramuscular Toradol. In addition, there is no documentation that the patient has an acute exacerbation of his pain to necessitate an IM Toradol injection. Therefore, the request for Intramuscular Injection Of Toradol 60mg was not medically necessary.

INTRAMUSCULAR INJECTION OF DEPO-MEDROL 80MG: 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/DEPO-MEDROL.HTML](http://www.drugs.com/pro/depo-medrol.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Depo-Medrol).

Decision rationale: CA MTUS and ODG do not address this issue. According to the FDA, Depo-Medrol suspension is used for treating certain conditions associated with decreased adrenal gland function. When oral therapy is not feasible and the strength, dosage form, and route of administration of the drug reasonably lend the preparation to the treatment of the condition, the intramuscular use of Depo-Medrol Sterile Aqueous Suspension is indicated. It is also used to treat severe inflammation caused by certain conditions, including severe asthma, severe allergies, rheumatoid arthritis, ulcerative colitis, certain blood disorders, lupus, multiple sclerosis, and certain eye and skin conditions. Depo-Medrol suspension is a corticosteroid. It works by modifying the body's immune response and decreasing inflammation. There is no documentation provided indicating that the patient is unable to tolerate oral medications. In addition, there is no documentation of an acute exacerbation of the patient's condition which would require an intramuscular steroid injection. Therefore, the request for Intramuscular Injection Of Depo-Medrol 80mg was not medically necessary.

INTRAMUSCULAR INJECTION OF DEXAMETHASONE 10MG: 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 Other Medical Treatment Guideline or Medical Evidence: FDA (Dexamethasone injection).

Decision rationale: CA MTUS and ODG do not address this issue. Dexamethasone sodium phosphate injection has a rapid onset but short duration of action when compared with less soluble preparations. Because of this, it is suitable for the treatment of acute disorders responsive to adrenocortical steroid therapy. Dexamethasone is a corticosteroid that prevents the release of substances in the body that cause inflammation. Dexamethasone is used to treat many different inflammatory conditions such as allergic disorders, skin conditions, ulcerative colitis, arthritis, lupus, psoriasis, or breathing disorders. There is no documentation provided indicating that the patient is unable to tolerate oral medications. In addition, there is no documentation of an acute exacerbation of the patient's condition which would require an intramuscular steroid injection. Therefore, the request for Intramuscular Injection Of Dexamethasone 10mg was not medically necessary.