MAXIMUS Federal Services

Case Number:	CM14-0032801		
Date Assigned:	06/20/2014	Date of Injury:	07/09/2012
Decision Date:	08/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/14/2014

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 Physical Medicine and Rehabilitation 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 58-year-old female with a 7/9/12 date of injury. The mechanism of injury was not provided. According to a progress report dated 2/5/14, the patient presented with a painful condition about the neck, with radiation of pain into the left upper extremity. She also complained of an abdominal issue with acid reflux. Objective findings: cervical spine has tenderness and spasm posteriorly, pain is reproduced with motion, weakness in the extensors of the left wrist is noted. Diagnostic impression: disc bulge, cervical spine, with left-sided radiculopathy, anxiety-depression, gastointestinal upset, secondary to GERD. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 2/27/14 denied the requests for Demorol, Phenergan, Toradol, and Ativan. Regarding Demerol, it is noted that this was given as an intramusclular injection in the office. Guidelines do not support the use of Demerol in this setting. Regarding Phenergan, guidelines do not support the use of anti-emetics for nausea prophylaxis in association with opiated. Although the Phergan may have been used prophylactically with Demerol to prevent nausea, however, the Demerol was non-certified and therefore the Phenergan is non-certified. Regarding Toradol, it is unclear why this patient needed an intramuscular dose of Toradol in the office. She is not documented to be in severe pain. It is unclear why she is not able to tolerate oral pain medication and needs an intramuscular dose of medication. Regarding Ativan, it was documented on the January 2014 note that the patient was on Ativan at that time, and guidelines do not support the use of benzodiazepines longer than 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Demarol 50 mg IM: Upheld

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

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: Meperidine (Demerol).

Decision rationale: The California MTUS does not address this issue. The ODG guidelines state the meperidine is not recommended 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. A specific rationale identifying why Demerol would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Demerol 50 mg IM was not medically necessary.

Phenergan 50mg IM: Upheld

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

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: The California 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. Phenergan is also indicated as a therapy adjunct to meperidine or other analgesics for control of post-operative pain. However, meperidine has been determined to be medically unnecessary for this patient. Phenergan, as an adjunctive medication to meperidine is unnecessary as well. Therefore, the request for Phenergan 50 mg IM was not medically necessary.

Toradol 60 mg IM: Upheld

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

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.

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 in the reports reviewed suggesting that the patient is experiencing a severe acute painful condition. In addition, there is no documentation indicating why the patient cannot tolerate oral medications. Therefore, the request for Toradol 60 mg IM was not medically necessary.

Ativan 1 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. According to the reports reviewed, the patient has been on Ativan since at least 9/25/13, if not earlier. In addition, there is no documentation that the patient is on an antidepressant for her anxiety disorder. A specific rationale identifying why Ativan is required in this patient despite lack of guideline support was not provided. Therefore, the request for Ativan 1 mg #120 was not medically necessary.