

Case Number:	CM14-0042061		
Date Assigned:	07/02/2014	Date of Injury:	05/24/2006
Decision Date:	08/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/08/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hip and bilateral hand pain reportedly associated with an industrial injury of May 24, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; and earlier total hip arthroplasty surgery. In a Utilization Review Report dated March 19, 2014, the claims administrator partially certified a request for Demerol, apparently for weaning purposes. The claims administrator partially certified the drug on the grounds that Demerol was an end drug on the ODG drug formulary, which it is incidentally noted, California has not adopted. In a handwritten note dated March 10, 2014, the applicant was described as having persistent complaints of left hip pain with numbness about the bilateral hands. The note was difficult to follow and not entirely legible. The applicant was status post a total hip arthroplasty and did have ongoing issues with carpal tunnel syndrome, it was stated. The applicant was deemed totally disabled. A prescription for Demerol was apparently issued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Demerol 50mg #80: 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 Meperidine topic. When to Continue Opioids Page(s): 61, page 80,.

Decision rationale: As noted on page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, Meperidine or Demerol is not recommended for the chronic pain control purposes for which it is being employed here. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant is off of work. The applicant has been deemed permanently disabled, the attending provider has suggested. The sole handwritten progress note provided made no mention of any improvements in function or decrements in pain achieved as a result of ongoing Demerol usage. Accordingly, the request is not medically necessary.