

Case Number:	CM14-0047505		
Date Assigned:	07/07/2014	Date of Injury:	02/11/2008
Decision Date:	08/25/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/16/2014

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 45-year-old male with a 02/11/2008 date of injury. A specific mechanism of injury was not described. He is status post gastroc recession, posterior right lower leg/debridement on 12/18/2013, talo navicular fusion, right autogenous bone graft, removal of screw implant on 12/21/2012, removal of hardware right ankle on 06/07/2013. On 04/9/2014 determination was modified from 80 tablets to 60 tablets to allow proper weaning of the medication. The 06/23/2014 medical report identifies that the patient had been without Demerol for the last 4 weeks and was not doing as well as she would like. It was noted that the patient took less than one pill per day. Exam revealed that there was swelling in the back of the right leg, secondary to gastroc recession. There were no signs of complications. There was residual bruising to the anterior medial right ankle. Discomfort was noted at the site of the surgery, within the anterior medial gutter. The 04/21/2014 progress report identified that the patient required 1 or 2 Demerol tablets on a daily basis. The 03/27/2014 progress report states that the patient remained significantly sore. Exam revealed low grade swelling and erythema. No signs of complications. It was noted that the patient was running low on pain medicine, typically taking 2 to 3 tablets daily of Demerol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Demerol 50mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine (Demerol) Page(s): 61.

Decision rationale: MTUS states that Demerol is not recommended for chronic pain control. The patient had been taking Demerol and apparently diminishing dosage through time. Records indicate that in March the patient required 2-3 tablets a day and the most recent report identify the need for less than 1 tablet per day. Given no MTUS support for Demerol for chronic pain, discontinuation is appropriate. Considering this, the prior determination provided a modified certification to allow appropriate weaning of the medication. Guidelines do not support Demerol use and therefore, is not medically necessary.