

Case Number:	CM14-0064927		
Date Assigned:	07/11/2014	Date of Injury:	07/31/1996
Decision Date:	08/19/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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 Georgia. 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 claimant is a 48 year old male presenting with back pain. CT scan of the lumbar spine on 07/02/2013 1) showed mild lumbar scoliosis and/or positional changes 2) mild facet arthropathy and discogenic degenerative changes more pronounced at L3-4, 3) mild facet arthropathy and discogenic degenerative changes more pronounced at L3-4. 4) 1 mm retrolisthesis, broad-based annular bulge, minor endplate ridging and narrowing AP canal to lower range of normal. The claimant is status post L4-5 and L5-S1 decompressive laminectomy, facetectomy and foraminotomy with instrumented spinal fusion. The physical exam showed heel and toe ambulation is slightly painful, tenderness noted at the L4-5 on deep palpation as well as bilateral posterior, superior iliac spine, limited range of motion lumbar spine, straight leg raise causes hamstring tightness, sensation intact to light touch and pinprick in all dermatomes of bilateral lower extremities and deep tendon reflexes 1+. The claimant was diagnosed with lumbar sprain, lumbar disc disease, and status post lumbar spine surgery. The claimant's medications included Lidoderm patch, Norco, Lyrica, ant Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Demerol Injection 1ml Left deltoid Quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine (Demerol) Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did document that he was already on an opioid, Norco. Additionally, there was no documentation of severe exacerbation of pain. The claimant has long-term use with opioid medication and there was a lack of improved function; therefore the request is not medically necessary and appropriate.