

Case Number:	CM14-0077452		
Date Assigned:	07/25/2014	Date of Injury:	06/25/1998
Decision Date:	08/28/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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:

According to the records made available for review, this is a 67-year-old Female with a 6/25/98 of injury. At the time (5/8/14) of the decision for Decision for Demerol (Meper HCL inj USP) CII 50mg/1ml Amp, there is documentation of subjective findings of pain 6/10. The current diagnoses are status post fusion L4-5, L5-S1 and spinal stenosis L3-4. The treatment to date includes ongoing treatment of Percocet, Dilaudid and Demerol. There is no documentation of moderate to severe pain; that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Demerol use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Demerol (Meper HCL inj USP) CII 50mg/1ml Amp: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine (Demerol) and Opioids Page(s): 61 and 74-80.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identifies that Demerol is not recommended for chronic pain control and necessitates documentation of moderate to severe pain. In addition, California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of Status post fusion L4-5, L5S1, Spinal Stenosis L3-4. However, there is no documentation of moderate to severe pain. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Demerol use to date. Therefore, based on guidelines and a review of the evidence, the request for Demerol (Meper HCL inj USP) CII 50mg/1ml Amp is not medically necessary.