

Case Number:	CM14-0077944		
Date Assigned:	07/18/2014	Date of Injury:	09/16/1998
Decision Date:	08/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 46-year-old male who reported an injury on 09/16/1998 caused by an unspecified mechanism. The injured worker's treatment history included surgery, MRI, CT scan, medications, and spinal cord stimulator, TENS unit, and trigger point injections. The injured worker was evaluated on 05/08/2014 and it was documented that the injured worker complained of severe back pain which was sharp and stabbing from the left side of the back to the tailbone, inner, and buttocks. He had recent shoulder surgery and was wearing a shoulder immobilizer. His lower back exam revealed forward- flexed, antalgic posture. The injured worker could not stand straight. The provider reported bilateral straight leg raise was 80 degrees causing left-sided back pain into the buttock and tailbone; sensory loss in the left lateral calf and bottom of foot; deep tendon reflexes were +1 in the knees and ankles; toes were down going to plantar reflex bilaterally; and spasm and loss of lordotic curve in the lumbar trunk. The injured worker diagnosed included flare-up of back pain and muscle spasms, left radicular symptoms, history of L4-S1 laminectomies and fusion from L5-S1, discrimination protrusion on the left lateral margin at L2-4 with severe facet arthropathy, reactive depression, and history of right shoulder arthroscopy for tendon repair. The provider noted that he gave the injured worker an IM injection of 10 mg of morphine, along with 25 mg of Phenergan, injected IM in the right gluteal region. His VAS pain score decreased to a 3/10 after receiving injection. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) 1 IM Injection of Morphine 10mg with 25mg of Phenergan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The requested is not medically necessary. According to the California MTUS/ACOEM state lumbar spine invasive techniques (e.g., local injections and facet joint injections of cortisone and Lidocaine) are of questionable merit. Per the Official Disability Guidelines (ODG) does not recommend promethazine for nausea and vomiting secondary to chronic pain. The documents submitted for review failed to indicate medication pain management for injured worker. The request for (Retro) 1 IM injection of Morphine 10 mg with 25mg of Phenergan is not medically necessary.