

<b>Case Number:</b>	CM15-0049851		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	10/24/1986
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 55-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 24, 1986. In a Utilization Review Report dated February 25, 2015, the claims administrator partially approved a request for Demerol while approving a request for oxycodone and testosterone. A February 17, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated June 24, 2014, the applicant was given refills of Demerol, Marinol, and testosterone. The note was extremely difficult to follow and not altogether legible. The applicant's work status was not detailed, although did not appear that the applicant was working. In a separate narrative report dated June 2, 2014, the applicant was described as having chronic low back pain status post earlier failed lumbar laminectomy. The applicant's medications include Pepcid, AndroGel, Albuterol, Demerol, and Marinol, it was acknowledged. CT imaging of the lumbar spine was proposed. Once again, the applicant's work status was not detailed. In a handwritten note dated January 27, 2015, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain. The applicant was given a primary diagnosis of chronic low back pain with associated failed back surgery syndrome. The applicant's medications included Demerol, Marinol, and Percocet, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Demerol 50 mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine (Demerol); 6) When to Discontinue Opioids Page(s): 61; 79.

**Decision rationale:** No, the request for Demerol (meperidine) was not medically necessary, medically appropriate, or indicated here. As noted on page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, Demerol or meperidine is not recommended for chronic pain purposes. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests immediate discontinuation of opioids in applicants who are concurrently using illicit substances. Here, the applicant was in fact concurrently using an illicit substance, Marinol. Discontinuation of opioid therapy with Demerol, thus, appeared to be a more appropriate option than continuing the same here. Therefore, the request was not medically necessary.