

Case Number:	CM14-0146532		
Date Assigned:	09/12/2014	Date of Injury:	05/09/2001
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/09/2014

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 Medicine and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 05/09/2001. She reportedly sustained injuries to her lower back. The injured worker's treatment history included a spinal cord stimulator, Botox injection, medications, EMG studies, epidural steroid injections, physical therapy sessions, psychiatric treatment and evaluations, and surgery. The documentation submitted noted the injured worker denied Demerol, fentanyl, Valium and Soma since 02/07/2012. The injured worker was evaluated on 08/21/2014 and it is documented the injured worker continued to have low back pain with bilateral leg pain and neuropathy. She had mobility and gait impairment, and was unable to walk or sit for prolonged periods. She does not drive. She uses her oral medications as directed. She had a well-established treatment plan, deviations in the past have caused significant increases in pain, depression and decreased quality of life. She had been attended psychotherapy 1 time a week for treatment for depression and anxiety, and this therapy was very helpful to improve her mood and wellbeing. Physical examination of the musculoskeletal system revealed tenderness over the lower lumbar segments, painful extension/rotation, and no pelvic tilt or sacroiliac tenderness. Lower extremities were equal and within normal limits. Straight leg raise was negative. Strength on the right was 4/5, and hypersensitivity was noted on the right leg. Medications included Demerol 100 mg, Effexor XR 150 mg, fentanyl 100 mcg/hour patch, morphine IR 30 mg, Norco 10/325 mg, Protonix 40 mg, Soma 350 mg, Valium 10 mg, and zolpidem 10 mg. Diagnoses included palpable lumbar facet mediated pain, lumbar degenerative disc disease, CRPS right lower extremity, spinal cord stimulator and intrathecal pump, and depression. The Request for Authorization dated 08/26/2014 was for Demerol 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Demerol 100mg DNS # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine (Demerol. Opioids, dosing Page(s): 61 86 & 87..

Decision rationale: The request for Demerol 100mg DNS # 90 is not medically necessary. Chronic Pain Medical Treatment Guidelines state that meperidine (Demerol) is not recommended for chronic pain control. Meperidine is a narcotic analgesic, similar to morphine, and has been used to relieve moderate to severe pain. Treating with long term opiate therapy, there must be an ongoing documentation of pain and functional improvement compared to baseline, documentation of medication efficacy and adverse effects, screen for abuse/addiction. The guidelines do not recommend lowering the dose if long term opiate therapy is working. The injured worker has been prescribed Demerol since at least 08/2012. In addition, the injured worker was prescribed fentanyl and Norco. The injured worker has been prescribed 90 tablets of Demerol 100 mg DNS (6/day), which is equivalent to oral morphine of 600 mg. The guidelines do not recommend the oral morphine equivalent to be greater than 120 mg. As stated above, the requested dosage of Demerol 100mg DNS # 90 alone greatly exceeds the recommended oral morphine equivalent. Moreover, the request failed to include frequency and duration of the medication. As such, the request for Demerol 100mg DNS # 90 is not medically necessary.