

Case Number:	CM14-0162956		
Date Assigned:	10/08/2014	Date of Injury:	06/30/2003
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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 Internal Medicine and is licensed to practice in New York. 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 59 years old female with a date of injury of 6/30/2003. The mechanism of injury was not provided for review. Her diagnoses include post-laminectomy syndrome in the lumbar spine, lower extremity neuropathy, radiculopathy, and peripheral neuropathy secondary to the laminectomy syndrome. She continues to complain of severe low back, buttock, and leg pain. Physical exam revealed pain with flexion, extension, and lateral rotation. Straight leg raise was positive on the right. There was increased pain with facet maneuvers and referred pain to the groin. There were no motor or sensory deficits elicited. Deep tendon reflexes were present bilaterally. Treatment in addition to surgery has included medications and insertion of a permanent spinal cord stimulator. The treating provider has requested intramuscular injection of 75 mg of Demerol, Phenergan 25 mg, and Toradol 60mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular Injection of 75 MG of Demerol, Phenergan 25 MG, Toradol 60 MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain

Decision rationale: There is no documentation provided necessitating the requested Im injections. The requested analgesic, Demerol is not recommended for either acute or chronic pain control. Per the reviewed guidelines, local injections are of questionable merit. Toradol may be used in the acute setting. Phenergan is not recommended for nausea and vomiting secondary to chronic opioid use. There is no documentation as to why the claimant requires these injections. She is maintained on medical therapy and there was no significant change in her subjective or objectives findings on exam. There is no indication for injection therapy for treatment of chronic pain conditions. They are used at times in the transitional phase between acute and chronic pain. This patient has a long standing history of chronic pain. Medical necessity for the requested items has not been established. The requested items are not medically necessary.