

Case Number:	CM14-0172315		
Date Assigned:	10/23/2014	Date of Injury:	11/04/1991
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 Pain Medicine 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:

The injured worker is a 47-year-old female who sustained an injury on November 4, 1991. She is diagnosed with (a) post lumbar laminectomy syndrome, (b) lower extremity neuropathy and radiculopathy secondary to post lumbar laminectomy syndrome, (c) severe myofasciitis, and (d) significant situational depression and emotional overlay. She was seen on September 8, 2014. An examination of the spine and lower extremities revealed multiple surgical scars with decreased range of motion and severe pain past 30 degrees of flexion with minimal extension. There was guarding in the paravertebral regions down to the sacrum. Positive straight leg raising test was noted bilaterally. Deep tendon reflexes were present bilaterally but diminished on the right Achilles. Hyperpathia was present in the bilateral extremities, right side greater than left. There was decreased sensation to pin prick in the right lateral calf. There was weakness to dorsiflexion on the right side. Ultrasound-guided trigger point injection was done. Medications provided were Demerol and Phenergan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request DOS 09/08/2014 for one prescription of Demerol 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Meperidine (Demerol) Page(s): 61.

Decision rationale: The request for Demerol 50 mg is not medically necessary. The use of this medication for chronic pain management is not supported by the guidelines. Based on the reviewed medical records, medical necessity of Demerol has not been established, therefore, the request is not medically necessary.