MAXIMUS Federal Services

| Case Number: | CM13-0029555 | | |
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| Date Assigned: | 11/01/2013 | Date of Injury: | 04/20/2005 |
| Decision Date: | 01/22/2014 | UR Denial Date: | 09/19/2013 |
| Priority: | Standard | Application Received: | 09/26/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma, Texas, and 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 physician 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 patient is a 43-year-old male who reported a work-related injury on 4/20/05. He is currently diagnosed with musculoligamentous strain and sprain of the lumbosacral spine with left lower extremity radiculitis secondary to degenerative disc disease. The patient is also status post microdiscectomy on the right with a herniated disc at L4-5 as of 1/23/06. The patient was seen by [redacted] on 9/5/13, and reported lower back pain with radiation to the right lower extremity. Physical examination revealed tenderness to palpation of the right sciatic notch, limited range of motion, 5/5 muscle strength in the bilateral lower extremities, diminished sensation in an L5 dermatome on the right with allodynia, and positive straight leg raising bilaterally.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for one prescription of Prednisone 10mg, #21:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oral Corticosteroids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The Official Disability Guidelines state that oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systemic

corticosteroids with regard to chronic pain; in fact, given their serious adverse effects, they should be avoided. The medical necessity for the requested medication has not been established. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.

**The request for one prescription of Norco 10/325 mg, #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made, and ongoing review and documentation of pain relief, functional status, medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient presents with complaints of pain with radiation to the right lower extremity. The patient demonstrates tenderness to palpation, reduced range of motion, diminished sensation, positive straight leg raising on physical examination. Satisfactory response to treatment has not been indicated. As such, the request is non-certified.