

Case Number:	CM13-0044419		
Date Assigned:	12/27/2013	Date of Injury:	05/13/2008
Decision Date:	04/24/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 52-year-old who reported an injury on May 13, 2008. The mechanism of injury was not provided. The patient is currently diagnosed with tendinitis and capsulitis. A Request for Authorization was submitted on 09/09/2013 by [REDACTED] for Norco 10/325 mg #60, Omeprazole 20 mg #60, and a Medrol Dosepak. However, there was no physician progress report submitted on the requesting date. The patient was seen by [REDACTED] on August 12, 2013. The patient reported persistent pain in the left ankle. The patient also reported ongoing right shoulder, lower back, and neck pain. Physical examination on that date revealed a well-healed incision without evidence of infection in the left ankle, slight swelling of the left ankle, hammertoe deformities, decreased tone and turgor in the left anterior ankle area, decreased sharp/dull and light touch in the area of the anterior ankle, and tenderness to palpation of the anterior tibial tendon. Antibiotic ointment was placed on the patient's incisions, and the patient's wound was redressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROL DOSE PACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHRONIC PAIN CHAPTER, ORAL CORTICOSTEROIDS

Decision rationale: Official Disability Guidelines state oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids and chronic pain, and given their serious adverse effects, they should be avoided. There was no physician progress report submitted on the requesting date. Therefore, there is no evidence of an updated physical examination. As guidelines do not recommend the use of this medication, the current request cannot be determined as medically appropriate. The request for Medrol dose pack is not medically necessary or appropriate.