MAXIMUS Federal Services

Case Number:	CM13-0047235		
Date Assigned:	12/27/2013	Date of Injury:	03/21/2005
Decision Date:	03/25/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/05/2013

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, has a subspecialty in Pain Management, 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 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:

This is a female patient with a date of injury of March 21, 2005. A progress report dated September 18, 2013 identifies pain rated as 7-9/10 in the right shoulder, neck, right knee, and left knee. The patient uses Tramadol ER, prednisone 2.5 mg daily, and Xanax for sleep. The note indicates that she also uses Ketoprofen topical cream, and Gabapentin. The patient was on methotrexate, but had severe pain in the abdominal area that necessitated a hospital visit. Physical examination identifies reduced shoulder range of motion, and antalgic gait bilaterally with a cane. Diagnoses include right shoulder status post arthroscopy, cervical sprain/strain, right knee status post meniscectomy, left knee meniscus tear, lumbar spine degenerative disc disease, depression, obesity, insomnia, gastroesophageal reflux disease, rheumatoid arthritis, and bilateral post traumatic arthritis of the knees. The treatment plan recommends weaning the patient off prednisone using 2.5mg every other day. 60 Naprosyn are prescribed at 550mg twice a day. Additionally, Xanax and 90 Prilosec 20mg was prescribed. A note dated October 16, 2013 indicates that the patient stopped methylprednisolone and noticed her knees feeling painful. The note indicates that she has rheumatoid arthritis. Examination identifies grade 3 synovitis and grade 2 effusion with diffuse tenderness anteriorly, immediately, and laterally in both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Methylprednisone 4mg: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines and Treatment of rheumatoid arthritis: A review of recommendations and emerging therapy. Jennifer N. Clemens, PharmD, BCPS, CDE; and 2012 ACR Disease Activity Measures

Decision rationale: The California MTUS and Official Disability Guidelines do not contain criteria for the use of Methylprednisolone for the treatment of rheumatoid arthritis. The ACR has released criteria for the diagnosis and management of rheumatoid arthritis. There are six currently recommended measures to diagnose and monitor treatment of rheumatoid arthritis. None of these diagnostic tools have been documented within the medical information provided for review. Additionally, guidelines generally recommend the use of disease modifying antirheumatic drugs to treat rheumatoid arthritis. Corticosteroids are generally recommended as bridge therapy, or in patients whose function is severely limited by rheumatoid arthritis. Within the documentation available for review, it is unclear how the diagnosis of rheumatoid arthritis was made, and it is unclear whether the patient is on appropriate treatment based upon the most current treatment recommendation guidelines. There is also concern that the patient was recently admitted to the hospital due to severe abdominal pain. She is currently taking NSAIDs (oral and topical) in addition to a corticosteroid, and has a diagnosis of gastroesophageal reflux disease. The risk of gastric ulcer and/or hemorrhage is significant. Continuing the methylprednisolone for 1-2 months to allow clarification of the above issues may be warranted; however, the current request is for 60 4mg pills, which would make up four months worth of treatment at the patient's current 2mg per day dose. Unfortunately, there is no provision for modification of the current treatment request. Therefore, the currently requested methylprednisolone is not medically necessary.

90 Prilosec 20mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy, or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it is clear that this patient has a significantly high risk for gastrointestinal events. The patient has a diagnosis of gastroesophageal reflux disease, is currently taking oral and topical NSAIDs concurrently, is currently prescribed a corticosteroid, and has recently been to the hospital for severe abdominal pain. Therefore, the currently requested Prilosec is medically necessary. The request is certified.