

Case Number:	CM13-0059561		
Date Assigned:	12/30/2013	Date of Injury:	01/05/2010
Decision Date:	06/16/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/02/2013

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 Neurological Surgery, 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 record notes a 53-year-old female with an on-the-job injury that occurred in January 2010. Provided for review is a request for authorization dated November 11, 2013 (for a date of service of October 30, 2013). This request is for a "Medrol dose pack, Percocet, 325 mg #60, and Neurontin 300 mg #90". The PR 2 provided in support of this request is dated October 30, 2013 and indicates that the claimant presents for follow-up evaluation with significant neck and low back pain with radiation city extremities and paresthesias. The record notes that the claimant did not complete her Medrol Dosepak as prescribed, the prior visit. The current pain level is rated 8/10. The physical examination reveals a positive Spurling's test to the bilateral upper extremities, no tenderness over the paracervical musculature. Motor testing is 5/5 in the upper extremities. Range of motion testing is normal. Reflex testing is normal and symmetric. Lumbar spine exam reveals a normal gait. No tenderness noted. Motor testing is 5/5 in the bilateral lower extremities. Heel/toe walk is performed without difficulty. DTRs are normal and symmetric. Range of motion is normal. A positive straight leg raise is noted to the bilateral lower extremities. Wrist exam bilaterally, is unremarkable. Diagnoses include status post bilateral carpal tunnel release, cervical strain, HNP with degenerative cervical disc disease, low back pain, lumbar strain, HNP of the lumbar spine with degenerative disc disease. The record notes that the claimant is having a significant flare of symptoms and a Medrol dose pack is recommended. Current pain medications are providing functional improvement and pain relief. Percocet 10/325 mg PO b.i.d. #60 and Neurontin 300 mg PO TID #90 are provided with recommendations for follow-up in one month. Additionally, a urine drug screen was administered to the patient to evaluate for medication management. A prior review of these requests resulted in a recommendation for non-certification on November 4, 2013. The clinical rationale noted with this review indicates that a fax request was submitted to the provider on

October 23, October 25, and October 30 of 2013 request additional information. Additional progress notes that of been provided for review our subsequent to the October 30 progress note in reference a prescription for Norco 7.5/325 (rather than Percocet).

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PRESCRIPTION OF MEDROL DOSEPAK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK-LUMBAR AND THORACIC (ACUTE AND CHRONIC) (UPDATED OVER 5/12/14); RECOMMENDED IN LIMITED CIRCUMSTANCES AS NOTED BELOW FOR ACUTE RADICULAR PAIN. NOT RECOMMENDED FOR ACUTE NON-RADICULAR PAIN (I.E. AXIAL PAIN) OR CHRONIC PAIN.

Decision rationale: Medical treatment guidelines support the use of oral corticosteroids for acute radicular pain. The progress note provided for a date of service of October 30, 2013 indicates that the claimant presents with an acute flare of symptoms with pain rated 8/10 on the VAS. A prior Medrol Dosepak had not been provided, or taken. Based on the clinical presentation which includes an acute flare of symptoms, it appears that a clinical indication does exist for this medication on October 30, 2013. However, when noting that this request includes no date, it cannot be determined that the above referenced prescription for which this review has been requested was for a date of service of October 30, 2013. In the absence of the appropriate documentation, this request is recommended for non-certification until the necessary clinical documentation can be provided. The Unknown Prescription of Medrol Dosepak is not medically necessary.