

Case Number:	CM14-0100256		
Date Assigned:	09/16/2014	Date of Injury:	10/12/2009
Decision Date:	10/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 49-year-old male with a date of injury of 10/12/09. The mechanism of injury occurred when the patient lifted something and developed significant low back pain. On 6/26/14, the patient stated the Medrol Dose pack reduced his acute flare-up by 50%. He was able to ambulate on his own on this date. His meds on this date included Naprosyn, Soma, and Norco. He was reported on this date to be up to date on his pain contract and urine drug screens were consistent with no aberrant behaviors. This was the only progress report submitted for review and also the UR. On 5/29/14 he was seen for bilateral low back pain radiating into the bilateral buttocks and bilateral anterior and posterior thighs. He reported acute pain in the low back. He was out of medications early due to increased pain. The pain was exacerbated by basically all movements of the body used in daily living. On exam the lumbar ranges of motion were restricted by pain in all directions. The diagnostic impression is L4-L5 left paracentral herniated nucleus pulposus (HNP), L5-S1 broad based right paracentral HNP, lumbar radiculopathy, and lumbar degenerative disc disease. Treatment to date: surgery, epidural steroid injections (ESI), medication management, physical therapy. A UR decision dated 6/10/14 denied the request for Medrol Dose Pack #1 with no refills. The Medrol Dose pack was denied because guidelines do not support the use of systemic corticosteroids in chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain. Therefore, given their serious adverse effects they should be avoided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pack (to be used as directed) #1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 05/15/14) Oral Corticosteroids

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 Chapter

Decision rationale: CA MTUS does not address this issue. ODG criteria for oral/parenteral steroids for low back pain include clinical radiculopathy; risks of steroids should be discussed with the patient and documented in the record; and treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. The patient had reported an acute flare-up of his low back pain on 5/29/14. On 6/26/14 he reported a 50% decrease in his symptoms after completing the Medrol Dose pack. The patient suffered an acute flare with radiculopathy, and the Medrol Dose pack provided improvement of ADL by 50%. He was up to date on his pain contract and UDS (Urine Drug Screen) were consistent with prescribed medications. Therefore, the request for Medrol Dose Pack (to be used as directed) #1 is medically necessary and appropriate.