

Case Number:	CM14-0013588		
Date Assigned:	02/26/2014	Date of Injury:	04/17/2012
Decision Date:	06/27/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic 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 injured worker is a 35 year old male who reported an injury on 04/17/2012. The mechanism of injury was not provided. The clinical note dated 12/12/2013 noted the injured worker presented with continued numbness in her left small finger. Upon exam, there was a positive Tinel sign on the left elbow, left wrist had a carpal tunnel release incision that was healing, and sensibility testing revealed diminished sensibility in the ulnar nerve distribution on the left. Diagnoses were status post left carpal tunnel release and ulnar nerve entrapment to the left. Prior treatments included a left carpal tunnel release surgery and injections. The provider recommended Medrol Dosepak, the request for authorization form was not provided, and the provider's rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDRO DOSE PAK: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: ACOEM Guidelines rarely recommend corticosteroids for forearm, wrist and hand complaints. Official Disability Guidelines do not recommend Medrol Dosepak for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. Multiple severe adverse effects have been associated with systemic steroid use, this is more likely to occur after long-term use and Medrol tablets are not approved for pain. There is a lack of exceptional factors provided in the documentation submitted to support approval outside of guideline recommendations. As the ACOEM Guidelines and the ODG do not recommend Medrol Dosepak, the request is not medically necessary and appropriate.