

Case Number:	CM14-0129895		
Date Assigned:	08/20/2014	Date of Injury:	05/25/2011
Decision Date:	10/03/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine & Rehabilitation 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 64 year old female who was reportedly injured on 05/25/2011. The mechanism of injury is noted as an industrial injury to the low back and left shoulder. The injured worker has undergone a 3 year course of treatment which has included 6 sessions of physical therapy for the neck and left shoulder with functional improvement in motion and strength; medications of Celexa, gabapentin, Lidoderm, nabumetone, Salonpas, Synthroid, tramadol and Wellbutrin. The injured worker is participating in a home exercise program but remains fragile. Despite the above noted course of treatment, the injured worker has remained symptomatic and functionally impaired. The last progress report dated 06/18/2014 indicated left shoulder motion restrictions, no ankle reflexes and no extensor hallucis longus weakness. Diagnostic impression noted myelopathy, degeneration of lumbar and cervical disc, anxiety state and depression disorder. A request was made for Medrol Pak 4mg and was not certified in the pre-authorization process on 08/09/2014.12931

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Pak 4 mg Qty:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Pain Low Back Corticosteroids (Oral/ parenteral for low back pain)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (web, updated 07/10/2014) Oral corticosteroids and Low back (web: updated 07/03/2014) Corticosteroids (oral/parenteral for low back pain)

Decision rationale: Per ODG, Medrol Pak is not recommended 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. They are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. There is no mention of any specific reason in this IW. Therefore, the request is not considered medically necessary per guidelines.