

<b>Case Number:</b>	CM14-0151793		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/15/1996
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Occupational Medicine 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 claimant injured his low back on 03/15/96. A Medrol Pak is under review. He has extensive lumbar degenerative disc disease and had a spinal cord stimulator that was later removed in 2013. No other surgical intervention has been recommended. On 04/22/14, he reported not doing too well and he walked hunched over. His pain medication helped somewhat. He had good days and bad days. His medications included omeprazole, Effexor, hydrocodone/acetaminophen, baclofen, Naprosyn, and gabapentin. An MRI was requested on 08/21/14 due to new onset severe bilateral leg and hip pain that was acute on chronic. He has a history of osteoarthritis, disc prolapse, Osgood-Schlatter's disease, and other medical conditions. No other surgery has been requested. He had contacted the provider on 08/14/14 and stated he had not had that kind of pain in years. He did not know what to do and had fallen twice. He reported that 4 days before his pain was much worse. He was prescribed a Medrol dosepak and took the second dose that day without clear benefit. He remained on several other medications. Physical examination revealed very limited range of motion and right straight leg raise was limited by hip pain. His hip pain was also elicited by internal and external rotation and he had tenderness diffusely. He had intact light touch sensation. There was no allodynia. He was diagnosed with degenerative disc disease. On 08/15/14, he reported being much worse for an unclear reason. The pain was in his hip and anterior inguinal region and was similar in nature to the pain at the time of the SCS explantation. A Medrol dosepak was prescribed and his medications included baclofen, naproxen, gabapentin, and Maxidone. He has a history of GERD. A Medrol dosepak was ordered on 08/26/14 along with Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol Pak, 4 mg #21:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Oral Corticosteroids

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG, 2014. Formulary - Oral/parenteral corticosteroids for low back pain

**Decision rationale:** The history and documentation do not objectively support the request for a Medrol dosepak 4mg #21. The MTUS do not address this type of request and the ODG state "Criteria for the Use of Corticosteroids (oral/parenteral for low back pain):(1) Patients should have clear-cut signs and symptoms of radiculopathy;(2) Risks of steroids should be discussed with the patient and documented in the record;(3) The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record;(4) Current research indicates early treatment is most successful; 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. In this case, the claimant has increase pain and tenderness with painful range of motion at the hip but there is no clear evidence of radiculopathy by history or physical examination and no EMG was done. No other indication for this medication is described and none can be ascertained. The medical necessity of the use of a Medrol dosepak 4 mg #21 under these circumstances has not been clearly demonstrated. Therefore the request is not medically necessary.