MAXIMUS Federal Services

Case Number:	CM14-0024533		
Date Assigned:	06/11/2014	Date of Injury:	07/09/2000
Decision Date:	07/28/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/26/2014

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 Internal Medicine and Pulmonary Diseases, and is licensed to practice in California, Florida, and New York. 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 77-year-old male who reported an injury on 7/9/00 due to an unknown mechanism of injury. The injured worker complained of right shoulder pain. On 2/10/14, the physical examination revealed atrophy in the infraspinatus and the supraspinatus. On palpation, the injured worker has tenderness across the acromioclavicular joint and tenderness over the subacromial space. He also exhibited limited range of motion with forward flexion at 70 degrees, adduction 60 degrees, and external rotation at 35 degrees. On 11/21/13, the x-ray revealed loss of glenohumeral cartilage with bone-on-bone contact. The injured worker had a diagnosis of torn rotator cuff, right arthropathy, bursitis of the shoulder, and osteoarthritis of the shoulder. The past treatment included pain management and acupuncture. The injured worker was on the Soma, gabapentin, Voltaren gel 3 pack, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREDNISONE 10MG #42: 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.

Decision rationale: The Official Disability Guidelines state that corticosteroids are 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. The request is not medically supported since the efficacy and safety of the proposed medication has not been determined.