

Case Number:	CM14-0032702		
Date Assigned:	06/20/2014	Date of Injury:	12/08/1992
Decision Date:	07/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/14/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 67-year-old female who reported an injury on 12/08/1992, with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 03/05/2014, the injured worker complained of low back pain, which radiated to bilateral hips. It was noted that the pain level was moderate to severe, which was alleviated by medication. Prior treatments included surgeries, conservative therapies, and medications. The injured worker's prescribed medication regimen included hydrochlorothiazide 25 mg; Norco 10/325 mg 1 by mouth every 4 hours as needed for pain; and methadone 10 mg 1 by mouth twice a day for pain. The physical examination of the lumbar spine included tenderness over the bilateral lumbar paraspinal muscles, sacroiliac joints, lumbar facets, and the trochanteric bursa. It was noted that a straight leg raise test was positive bilaterally. The physical examination of the hips revealed pain with both internal and external rotation bilaterally with the left greater than the right. It was annotated that the injured worker was to travel for 10 days; and therefore, the physician prescribed Decadron for as needed use for increased pain. The treatment plan included the request for Dexamethasone 4 mg 1 tablet by mouth 3 times a day with food before 2PM #9 with 0 refills, methadone 10 mg 1 by mouth 2 times a day for pain (3 month supply) #180 with 0 refills, and a refill for Norco 10/325 mg #60 one by mouth twice a day max 2 per day. The Request for Authorization for a refill for Norco 10/325, methadone 10 mg, and dexamethasone 4 mg #9 was submitted on 03/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexamethasone 4mg #9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, medications Page(s): 37-38.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oral corticosteroids.

Decision rationale: The request for Dexamethasone 4 mg #9 is non-certified. The Official Disability Guidelines (ODG) state that oral 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, this should be avoided. In the clinical notes provided for review, it is annotated that the request for dexamethasone is for as needed use for increasing pain; however, the injured worker stated that the current prescribed medication helped alleviate pain. Furthermore, the guidelines do not recommend the usage of oral corticosteroids for chronic pain. Therefore, the request for dexamethasone 4 mg #9 is not medically necessary.