MAXIMUS Federal Services

Case Number:	CM14-0060139		
Date Assigned:	07/09/2014	Date of Injury:	11/04/2009
Decision Date:	09/29/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/30/2014

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 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:

This 50 year-old patient sustained an injury on 11/4/09 from stumbling and falling walking alongside a track crane, striking his forehead and right shoulder while employed by [redacted]. Diagnoses include cervical laminectomy syndrome. Request(s) under consideration include Fludrocortisone 0.1 mg 1-2 Daily PRN #60. Report of 4/1/14 from the provider noted persistent cervical pain. Exam showed positive Hoffman's signs and restricted range of motion. Report of 6/24/14 noted patient with increased pain level without change in location and denies any new injury since last vitis. Medications are working well without side effects. Medications list Oxycontin, Fludrocortisone, Cialis, and Flomax. Exam showed antalgic gait, significant imbalance; cervical spine with surgical scar; restricted range of motion with flex/ext of 30/25 degrees; thoracic spine with spasms and tenderness; motor testing limited by pain with positive Hoffman's and negative SLR. Diagnoses include cervical pain and post cervical laminectomy syndrome. Request(s) for Fludrocortisone 0.1 mg 1-2 Daily PRN #60 was non-certified on 4/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fludrocortisone 0.1 mg 1-2 Daily PRN #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Pain - Oral corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Oral corticosteroids, page 624.

Decision rationale: This 50 year-old patient sustained an injury on 11/4/09 from stumbling and falling walking alongside a track crane, striking his forehead and right shoulder while employed by [redacted]. Diagnoses include cervical laminectomy syndrome. Request(s) under consideration include Fludrocortisone 0.1 mg 1-2 Daily PRN #60. Report of 4/1/14 from the provider noted persistent cervical pain. Exam showed positive Hoffman's signs and restricted range of motion. Report of 6/24/14 noted patient with increased pain level without change in location and denies any new injury since last vitis. Medications are working well without side effects. Medications list Oxycontin, Fludrocortisone, Cialis, and Flomax. Exam showed antalgic gait, significant imbalance; cervical spine with surgical scar; restricted range of motion with flex/ext of 30/25 degrees; thoracic spine with spasms and tenderness; motor testing limited by pain with positive Hoffman's and negative SLR. Diagnoses include cervical pain and post cervical laminectomy syndrome. Request(s) for Fludrocortisone 0.1 mg 1-2 Daily PRN #60 was non-certified on 4/14/14. Per the guidelines, oral corticosteroids are not recommended for acute, sub-Acute and chronic spine pain due to the lack of sufficient literature evidence (risk vs. benefit, lack of clear literature) and association with multiple severe adverse effects with its use. There is also limited available research evidence which indicates that oral steroids do not appear to be an effective treatment for patients with spine problems and has serious potential complications associated with long-term use. The patient has treated for this 2009 injury without demonstrated functional improvement from medications already received. The request for Fludrocortisone 0.1 mg 1-2 Daily PRN #60 is not medically necessary and appropriate.