MAXIMUS Federal Services

Case Number:	CM14-0065873		
Date Assigned:	07/11/2014	Date of Injury:	09/27/2007
Decision Date:	08/29/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/08/2014

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 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 34-year old woman with a date of injury of September 27, 2007. She has cervical, thoracic, lumbar degenerative disc disease, fibromyalgia and myofascial pain, as well as, bilateral buttock and bilateral lower extremity pain from 2007. She has taken Norco, Neurontin and Celebrex and tried heat, ice, and a lumbar epidural steroid injection. Her pre-existing unrelated conditions include obesity, acne, sexual dysfunction, hypertension, and sleep disturbance. Her physical exam was positive for limited lumbar range of motion and diminished sensation in the right L5 distribution. Partly due to her severe pain, she has been struggling with bipolar disorder, dependent personality disorder, passive-aggressive disorder, and depression to the extent that she has made suicidal wrist slashing gestures and has been hospitalized twice to avoid harming herself. The injured worker has a history of a suicide attempt. She was declared maximum medical improvement from a psychiatric standpoint on Dec 4, 2012. The request is for one Medrol 4 mg Dose-Pack of 21 Tablets, and there is documentation that the worker has had oral corticosteroids given to her before for a lumbar spine flare-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medrol 4 mg Dose-Pack of 21 Tablets: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints, Clinical Measures: Medication. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Online Edition Chapter, Pain: Oral Corticosteroids; Holve, 2008; Finckh, 2006; Friedman, 2006; Clinical Pharmacology, 2010; Kronenberg, 2008; Haimovic, 1986; Hedeboe, 1982; Porsman, 1979; Chou, 2007.

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

Decision rationale: MTUS does not apply, per the Official Disability Guidelines, oral corticosteroids are not recommended for chronic pain. Medrol (methylprednisolone) tablets are not approved for pain per the FDA. 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 associated with acute low back pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Because this worker has had chronic, persistent pain without relief, she is not a candidate for oral corticosteroids, which necessitate a return to baseline followed by a flare-up for proper prescribing guidelines.