MAXIMUS Federal Services

Case Number:	CM14-0081120		
Date Assigned:	07/18/2014	Date of Injury:	01/06/2014
Decision Date:	08/29/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/03/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 49 year old male with an injury date on 01/06/2014. Based on the 04/21/2014 Doctor's first report provided by [redacted] diagnoses are: 1. Status post prior microdiscectomy and foraminotomy of left sided L4-L5 disc protrusion (07/26/2012). 2. Improved but recalcitrant lumbar radiculopathy. 3. Aggravation of long standing, pre-existent lumbar spondylosis. 4. Sprain/strain of the lumbar spine. 5. Cevical spine sprain/strain with aggravation of pre-existent cervical spondylosis. According to this report, the patient complains of intermittent headaches, neck pain and low back pain. The patient experiences frequent tingling and numbness of the left lower extremity from the knee to the toes of the left foot. Also, occasional tingling and numbness of the right lower extremity from the calf radiating down to his right foot. A MRI of the lumbar sacrals pine on 02/07/2014 reveals L3-4-A 3 mm disc bulge was seen on the prior exam, L4-5-Post operative changes within the soft tissues, a 4 mm left posterolateral disc protrusion seen on the prior study, and L5-S1 facet hypertrophic changes are noted bilaterally. [redacted] is requesting Methylprednisolone pak 4mg #21 and Famotidine tab 20mg #30. There were no other significant findings noted on this report. The utilization review denied the request on 05/09/2014. [redacted] is the requesting provider, and she provided treatment reports from 01/07/2013 to 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylprednisolone pak 4mg #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, 2014: 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)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. (Tarner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013.

Decision rationale: According to the 04/21/2014 report by [redacted] this patient presents with intermittent headache, neck pain and low back pain. The treating physician is requesting Methylprednisolone pak 4mg #21.The UR denial letter states "There has been no information regarding his current status or need for a Methylprednisolone pack at this juncture, almost 4 months post injury." Regarding oral corticosteroids, ODG guidelines state "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." Therefore, this request is not medically necessary.

Famotidine tab 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, NSAIDS, GI symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: According to the04/21/2014 report by [redacted] this patient presents with intermittent headache, neck pain and low back pain. The treater is requesting Famotidine tab 20mg #30.The UR denial letter states "there is no Indication that this claimant has secondary GI effects from the use of medications." The MTUS Guidelines state Proton Pump Inhibitor is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the reports do not show that the patient has gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. The MTUS does not recommend routine use of GI prophylaxis without documentation of risk. Recommendation is for denial.