

Case Number:	CM14-0091155		
Date Assigned:	09/25/2014	Date of Injury:	09/01/1999
Decision Date:	12/04/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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 Family Medicine 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 is a 54-year-old female injured worker who reported an industrial injury on 9/1/1999, over 15 years ago, attributed to the performance of her usual and customary job tasks. The injured worker is being treated for the diagnoses of chronic migraine without aura; displacement cervical in or vertebral disc without myelopathy; brachial neuritis or radiculitis; and other syndromes affecting cervical region. The injured worker was being prescribed Valium 5 mg; Maxalt 10 mg; Zanaflex; Tylenol 3; and Cambia 50 mg. The injured worker complained of neck pain radiating down the right arm with weakness. The injured worker reported having improvement grains. The objective findings on examination included positive muscle spasms; positive numbness and tingling; limited movement to the cervical spine; unable to lift right upper extremity due to weakness; decreased sensation to touch in the right forearm and hand; weakness in wrist flexion and extension. The treating diagnoses included chronic pain syndrome unstable; postlaminectomy cervical spine with two level fusion; cervical radiculitis; and migraine headaches. The treatment plan included a Medrol Dosepak and an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose Pak #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Anti-Inflammatory Medications Page(s): 22; 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Medications for Chronic Pain

Decision rationale: The prescription for oral corticosteroids is not recommended for chronic pain except for polymyalgia rheumatica. The ODG recommends oral corticosteroids only in limited circumstances for acute radicular pain in the lumbar spine. The injured worker is prescribed a Medrol Dosepak (Methylprednisone Pak 4 mg #21) for a reported flare-up of inflammation. The pain issues suggest ongoing inflammation to the cervical spine; however, there is no rationale supported with objective evidence to support the medical necessity of oral corticosteroids for the symptoms reported. The ACOEM Guidelines do not specifically recommend the prescription of Medrol Dosepak for the treatment of chronic neck and upper extremity pain. The injured worker is being treated for chronic pain. There is no current clinical documentation to support the one time prescription and the medical necessity of the prescribed Medrol Dose Pak (Methylprednisone Pak 4mg #21). The prescription for oral corticosteroids foreign acute exacerbation of chronic pain is not recommended by evidence-based guidelines. There is no demonstrated medical necessity for the prescribed Medrol Dosepak #1; therefore, the request is not medically necessary.