

Case Number:	CM14-0190993		
Date Assigned:	11/24/2014	Date of Injury:	02/11/2010
Decision Date:	02/12/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of February 11, 2010. A utilization review determination dated November 10, 2014 recommends noncertification for a Deltasone dose pack. A progress report dated June 24, 2014 identifies subjective complaints of intermittent pain with occasional pain into the legs. Physical examination reveals restricted thoracolumbar range of motion with normal motor and sensory examination. No diagnosis is listed. The treatment plan recommends "reasonable and proper medications were provided." No other medical reports were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deltasone 5 mg Dosepack: 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), Pain procedure, oral corticosteroids

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: Regarding the request for a steroid taper (Deltasone) ACOEM states that oral corticosteroids are not recommended. ODG recommends the use of corticosteroids orally for limited circumstances for acute radicular pain. Oral steroids are not recommended for acute non-radicular pain or chronic pain. Additionally, there should be discussion with the patient regarding risks of the medication and the fact that there is limited evidence that it is effective. Within the documentation available for review, there is no indication of acute radicular complaints. As such, the currently requested steroid taper (Deltasone) is not medically necessary.