

<b>Case Number:</b>	CM14-0207262		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Rehab, 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 47 year old male with an injury date on 3/17/11. The patient complains of increased low lumbar pain with achiness into the hips, and burning in the mid-thoracic region per 11/19/14 report. The patient states that symptoms are increased after 20-30 minutes of walking, as well as prolonged sitting per 11/19/14 report. The patient denies tingling/radiating into the legs per 11/19/14 report. The patient is currently undergoing physical therapy and is feeling stronger, and cutting back on his Norco, currently about 2-3 per day per 6/6/14 report. The patient rates his current pain at 5/10 after one hour of driving, but normally the pain is 2-3/10 at his best per 6/6/14 report. Based on the 11/19/14 progress report provided by the treating physician, the diagnoses are: 1. chronic lower back pain s/p surgery for lumbar spinal stenosis 2. mid-thoracic pain with documented T6-7 disc protrusion 3. anxiety/depression related to pain Physical exam on 11/19/14 showed "difficult arising from chair without using arm rest for support. Difficulty straightening up." A physical exam on 6/6/14 showed "hesitancy with forward bending, slightly tenderness to palpation in lumbosacral junction. Overall, moving much more freely/easily than last visit." The patient's treatment history includes medications, physical therapy (helpful), prior back surgery (L4-5 laminectomy), home exercise program. The treating physician is requesting medrol dose pack #1, prescribed 11/17/14. The utilization review determination being challenged is dated 12/5/14. The requesting physician provided treatment reports from 4/25/14 to 11/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol Dose Pack #1, prescribed 11/17/14: 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 Chapter, Oral Corticosteroids, and Lumbar Chapter, Medrol Dose Pack, and Criteria for Use of Corticosteroids

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Corticosteroids (oral/parenteral/IM for low back pain).

**Decision rationale:** This patient presents with lower back pain, mid-thoracic pain and is s/p L4-5 laminectomy with partial medial facetectomy from 2/13/14. The treater has asked for MEDROL DOSE PACK #1, PRESCRIBED 11/17/14 on 11/19/14 "to treat his current flare up." Review of the reports show that medrol dosepak was not administered to this patient before. Regarding oral corticosteroids, ODG states not recommended for chronic pain. ODG states: "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. (Tarnier, 2012) ODG Low Back Chapter recommends 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. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)." In this case, the patient has chronic back pain, and the treater has requested medrol dose pack for a recent exacerbation. The requested medrol dosepak is not indicated for this type of condition, as ODG recommends its use in some cases of acute radicular pain, but not for chronic pain. The request IS NOT medically necessary.