

Case Number:	CM14-0208749		
Date Assigned:	12/22/2014	Date of Injury:	02/11/2010
Decision Date:	04/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 45-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 11, 2010. In a Utilization Review Report dated November 20, 2014, the claims administrator failed to approve a request for prednisone dose pack. The claims administrator referenced a December 24, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a progress note of June 24, 2014, the applicant reported ongoing complaints of mid and low back pain with intermittent radiation of pain to lower extremities. Medication selection and medication efficacy were not detailed. On December 24, 2014, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant was not working. The applicant was given a Toradol-Decadron injection in the clinic. The applicant reportedly had myofascial pain complaints. Straight leg raising was slightly positive. Medication selection and medication efficacy were not explicitly discussed. In an RFA form of the same date, September 24, 2014, the attending provider prescribed Vicoprofen, Norflex, and prednisone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone dosepak 5mg #21: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: No, the request for prednisone, an oral corticosteroid, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, oral corticosteroids such as the prednisone dose pack at issue are deemed not recommended in the evaluation and management of low back pain complaints, as were present here on or around the date in question. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence so as to offset the unfavorable ACOEM position on the article at issue. Medication selection and medication efficacy were not detailed in the September 24, 2014 progress note at issue. Therefore, the request was not medically necessary.