

<b>Case Number:</b>	CM14-0063629		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/14/2002
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 50 year old male who sustained an industrial injury on 8/14/12 resulting in shoulder pain. He was doing overhead work, felt a snap and experienced an acute onset of right shoulder pain. He was treated with a sling, medication and physical therapy. He had an MRI of the right shoulder (8/15/02) and diagnosed with right shoulder impingement syndrome. He then had an arthroscopic subacromial decompression of the right shoulder. Due to persistent pain despite physical therapy he had a shoulder hemi-arthroplasty (5/6/03). He did not return to work due to persistent pain. He currently complains of significant increase in low back and left greater than right lower extremity pain that came on gradually as he was trying to do his home exercise program. He has sleep disturbances. Medications are Celebrex, Norco, omeprazole, prednisone, Valium. Diagnoses include lumbosacral spondylosis without myelopathy; displacement of the lumbar intervertebral disc without myelopathy; degeneration of the lumbar intervertebral disc; pain in the coccyx; shoulder joint pain; opioid dependence. In the progress note dated 3/5/14 the treating physician notes that a course of Prednisone was completed with some relief. In the progress note dated 4/16/14 the treating provider prescribed Prednisone 10 mg citing the etiological cause of coccydynia to be the result of inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription For Prednisone 10Mg #28: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Pain (Acute And Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Low Back chapter, Corticosteroids.

**Decision rationale:** The patient presents with a flare-up of low back pain. Pain is 10/10 without medication and decreased to 7/10 with medication. The request is for 1 PRESCRIPTION FOR PREDNISONONE 10MG #28. The provided RFA is dated 04/16/14 and the patient's date of injury is 08/14/02. The diagnoses include lumbosacral spondylosis without myelopathy; displacement of the lumbar intervertebral disc without myelopathy; degeneration of the lumbar intervertebral disc; pain in the coccyx; shoulder joint pain; opioid dependence. Per 04/16/14 report, physical examination of the lumbar spine revealed tenderness over the paraspinal muscles overlying the facet joints and over the coccyx. Trigger points and muscle spasms are noted over the lower paraspinal. There is decreased range of motion with flexion limited to 30 degrees and extension to only 5 degrees, with pain. Medications include Prednisone, Celebrex, Norco, Omeprazole and Valium. The patient is permanent and stationary. ODG Guidelines, Low Back chapter, under Corticosteroids -oral/parenteral/IM for low back pain recommends, "Oral corticosteroids for limited circumstances as noted below for acute radicular pain, not recommended for acute non-radicular pain or chronic pain. Multiple severe adverse effects have been associated with systemic steroid use." In regards to the request for Prednisone for the treatment of this patient's chronic lower back pain, this medication is not supported by guidelines for this patient's condition. Per treater report dated 3/5/14, treater states, "A course of Prednisone was completed with some relief." While the patient presents with severe low back pain, ODG does not recommend oral corticosteroids unless there is acute radicular pain. Therefore, the request IS NOT medically necessary.