

Case Number:	CM15-0005051		
Date Assigned:	01/16/2015	Date of Injury:	09/29/2005
Decision Date:	03/16/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/09/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 50 year old female, who sustained an industrial injury on September 29, 2005. She has reported pain of the neck, shoulders, arms, and left knee. The diagnoses have included osteoarthritis of the left leg and cervical spine disc disease. Treatment to date has included knee surgery, home exercises, injections of the right elbow, cervical spine fusion, and imaging studies. Currently, the injured worker complains of cervical spine pain and arm paresthesias. The treating physician is requesting prescriptions for a Medrol dose pack and Pennsaid topical cream. On December 31, 2014 Utilization Review non-certified the request for prescriptions for a Medrol dose pack and Pennsaid topical cream noting the lack of documentation to support the medical necessity of the medications. The MTUS Chronic Pain Treatment Guidelines, ACOEM Guidelines, and ODG were cited in the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Medrol Dose Pak 4mg #1 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oral corticosteroids, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>

Decision rationale: a) According to ODG guidelines, Medrol(pak) 4mg is not recommended for chronic pain. 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) See the Low Back Chapter, where they are recommended 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. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013). The patient has ongoing neck pain since at least 2007 and the benefit of corticosteroids for long term pain is not clear. In addition, the EMG/NCS of bilateral upper extremities performed on November 10, 2014 was normal with no signs of radiculopathy. Therefore, the request for Medrol(pak) 4mg is not medically necessary.

1 prescription of Pennsaid topical 2% 112gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. There is no evidence of efficacy of Pennsaid for the treatment of the cervical, back, knee and shoulder pain. In addition, there is no evidence of long term benefit of topical NSAID. Based on the above, the prescription of Pennsaid for long term is not recommended. Based on the above, Pennsaid 2% is not medically necessary.