

<b>Case Number:</b>	CM15-0135960		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 York

Certification(s)/Specialty: Pediatrics, Internal 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 61-year-old male, with a reported date of injury of 07/31/2001. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include rheumatoid arthritis and acute gouty arthropathy. Treatments and evaluation to date have included oral medications and topical pain medications. The diagnostic studies to date have not been included in the medical records. The progress report dated 06/17/2015 indicates that the injured worker had continued total body pain, chronic fatigue, and problems sleeping. It was noted that skin lesions were better after stopping Xeljanz and restarting Enbrel. The objective findings include no new joint swelling, normal neurologic examination, and rheumatoid arthritis deformities in the hands and wrists. The injured worker has been instructed to remain off work until the next office visit. The treating physician requested Prednisone 5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prednisone tab 5mg, one tablet twice daily #60:** 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), Low Back (Web: updated 5/15/15); MD Guidelines, Reed Group.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Oral corticosteroids.

**Decision rationale:** The CA MTUS does not address Prednisone or oral corticosteroids. The non-MTUS Official Disability Guidelines (ODG) indicate that oral corticosteroids are "not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). 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." The guidelines also indicate that "multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use." It is unclear of how long the injured worker has been taking Prednisone or when the medication was first prescribed. The injured worker has been diagnosed with rheumatoid arthritis in the hands and wrists. The request does not meet guideline recommendations. Therefore, the request for Prednisone is not medically necessary.