

Case Number:	CM15-0136232		
Date Assigned:	07/24/2015	Date of Injury:	09/29/2014
Decision Date:	08/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 39 year old female who sustained an industrial injury on 9/29/14 when the lid from a freezer hit the crown of her head and her upper right back. She felt immediate pain in the head, neck and upper back. She was medically evaluated, had computer tomography of the head, neck and shoulder with no significant abnormalities. She later underwent x-rays and MRI's of the neck and thoracic spine which revealed positive findings. She had physical therapy and was then placed on disability. She currently complains of occasional throbbing headache (5/10); frequent neck pain and stiffness (6/10) with radiation tot the right shoulder; upper/ mid back pain (4/10); right shoulder pain, stiffness and tingling (5/10). On physical exam there was tenderness to palpation of the cervical spine with decreased range of motion and muscle spasm; shoulder depression causes bilateral pain; thoracic range of motion was decreased with tenderness to palpation and muscle spasms; right shoulder with decreased range of motion and pain and tenderness to palpation and Neer's and Hawkins' causes pain. Medications were Flexeril, ibuprofen. Diagnoses include post- concussion syndrome; cervical sprain/ strain; cervical myofascitis; rule out cervical disc protrusion; thoracic spine strain/ sprain; thoracic myofascitis; right shoulder sprain/ strain; right shoulder muscle spasm. Treatments to date include physical therapy; chiropractic therapy; neck brace; medications. Diagnostics include MRI of the cervical spine showing multilevel disc protrusions at C3-4 and C6-7 along with cervical myospasms; MRI of the right shoulder (3/23/15) showing tendinosis. On 6/16/15 Utilization review evaluated a request for methylprednisone (retrospective date of service 10/15/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylprednisolone (retrospective DOS 10/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Oral Corticosteroids.

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

Decision rationale: The MTUS is silent on the use of this medication. Per the ODG with regards to Oral corticosteroids: 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. (Tarner, 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. In addition, Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013) Glucocorticoids at low doses (15-20 mg prednisone per day initially) are the mainstay of treatment for polymyalgia rheumatica (PMR). In this study a clinical and biochemical remission of PMR was observed in 100% of the patients on methylprednisolone and in 89 % of the patients on prednisone. (Viapiana, 2014) (Nesher, 2014) The documentation submitted for review does not indicate that the injured worker was diagnosed with polymyalgia rheumatica. As oral corticosteroids are not recommended for chronic pain, the request is not medically necessary.