

Case Number:	CM15-0141354		
Date Assigned:	07/31/2015	Date of Injury:	08/01/2014
Decision Date:	09/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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

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 60-year-old female who sustained an industrial injury on August 1, 2014 resulting in radiating neck pain. Diagnoses have included trapezius myalgia, cervical sprain with mild radiculitis, and irritation in the right hip secondary to physical therapy. Documented treatment has included physical therapy which the primary physician stated in the June 15, 2015 report to have caused worsening symptoms; and, medication. The injured worker continues to complain of neck and upper back pain. The treating physician's plan of care includes one Medrol Dosepak 4 mg. As of June 22, 2015, she has been deemed permanent and stationary and is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dosepak 4 mg Qty 1 pack: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

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, under Oral Corticosteroids.

Decision rationale: The patient presents on 06/03/15 with unspecified neck pain. The patient's date of injury is 08/01/14. Patient has no documented surgical history directed at this complaint. The request is for MEDROL DOSEPAK 4 MG QTY 1 PACK. The RFA was not provided. Physical examination dated 06/03/15 reveals tenderness to palpation of the origin and insertion of the levator scapulae on the left, tenderness in the left trapezius muscle with swelling noted, and reduced range of motion in the left upper extremity. The patient's current medication regimen is not provided. Patient is currently classified as permanent and stationary. Official Disability Guidelines, Pain Chapter, under Oral Corticosteroids has the following: 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. 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) 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. In regard to the request for a Medrol Dosepak, this patient does not meet guideline criteria for oral corticosteroid therapy. Progress notes indicate that this patient presents with chronic cervical pain and trapezius myalgia. Guidelines only support medications of this class for Polymyalgia Rheumatica, and specifically indicate that Corticosteroids are not considered appropriate for chronic pain complaints owing to the risk of serious adverse events. Given the lack of evidence indicating a condition for which the use of oral corticosteroids are considered appropriate, the request cannot be substantiated. The request IS NOT medically necessary.