

<b>Case Number:</b>	CM15-0149059		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 44 year old male injured worker suffered an industrial injury on 6-6-2013. The diagnoses included significant left carpal tunnel syndrome. The treatment included cortisone injections and physical therapy. The diagnostics included upper extremity electromyographic studies. On 6-2-2015 the treating provider reported frequent slight to moderate pain with paresthesia of the left hand, wrist and forearm with weakness and difficulty with gripping and grasping. He reported swelling sensation of the left hand and forearm with night time numbness of the left fingers. On exam there was tenderness over the left wrist. The injured worker had not returned to work. The requested treatments included Prednisone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prednisone 10mg #5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Oral corticosteroids, page 624.

**Decision rationale:** Per the guidelines, oral corticosteroids (Prednisone) are not recommended for acute, sub-acute and chronic spine and joint pain due to the lack of sufficient literature evidence (risk vs. benefit, lack of clear literature) and association with multiple severe adverse effects with its use. There is also limited available research evidence, which indicates that oral steroids do not appear to be an effective treatment for patients with spine and joint problems and has serious potential complications associated with long-term use. Submitted reports have not demonstrated specific indication and support for use outside guidelines criteria for this chronic 2013 injury without demonstrated functional improvement from medications previously received. The Prednisone 10mg #5 is not medically necessary or appropriate.