

Case Number:	CM15-0149195		
Date Assigned:	08/12/2015	Date of Injury:	03/31/2010
Decision Date:	09/14/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 66-year-old who has filed a claim for chronic neck and shoulder pain with derivative complaints of depression reportedly associated with an industrial injury of March 31, 2010. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for a Medrol Dosepak. The claims administrator referenced an RFA form received on June 26, 2015 in its determination. The applicant's attorney subsequently appealed. On July 17, 2015, the applicant was placed off of work, on total temporary disability. 7 to 8/10 shoulder pain complaints were noted. The applicant was pending shoulder surgery, it was suggested. The applicant was described as having issues with shoulder pain, depression, and radicular pain at the bilateral upper extremities. On June 17, 2015, the applicant was again placed off of work, on total temporary disability. Ongoing complaints of shoulder pain were reported with neck pain radiating into the bilateral upper extremities, right greater than left. Cymbalta, Lyrica, and/or Medrol Dosepak were endorsed. The applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pack #1 take as directed: 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), Shoulder, Corticosteroid, oral; Pain, Oral corticosteroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed. Shoulder Disorders, pg. 84.

Decision rationale: No, the request for Medrol Dosepak was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations, so as to ensure proper usage and so as to manage expectations. Here, however, June 17, 2015 progress note at issue made no mention of what issue, diagnosis, and/or purpose the Medrol Dosepak had been prescribed for. The Third Edition ACOEM Guidelines Shoulder Disorders chapter notes that there is no recommendation for or against usage of oral steroids for treatment of rotator cuff tendinopathies, as were seemingly present here, on or around the date in question, June 17, 2015. While the Third Edition ACOEM Guidelines Cervical and Thoracic Spine Disorders Chapter notes that glucocorticosteroids such as a Medrol Dosepak in question are recommended for treatment of acute severe radicular pain syndrome for the purpose of obtaining a short-term reduction in pain complaints, here, however, little to no rationale accompanied the June 7, 2015 progress note in question. It was not stated for what issue, diagnosis, and/or purpose the Medrol Dosepak had been prescribed to ameliorate. Therefore, the request is not medically necessary.