

<b>Case Number:</b>	CM15-0149369		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/10/2015
<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, 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 50 year old male, who sustained an industrial injury on 8-20-2010. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral carpal tunnel syndrome with ulnar neuropathy, basal joint arthropathy and cervical radiculitis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4-9-2015, the injured worker complains of increased numbness and tingling of fingers on bilateral hands and burning in the bilateral wrists and neck pain. Physical examination showed carpal tunnel tenderness and paracervical tenderness. The treating physician is requesting Prednisone 10 mg #5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prednisone 10 mg Qty 5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): tables 11-4, 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids; 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) Low Back, Oral corticosteroids.

**Decision rationale:** The MTUS is silent on the use of Prednisone. The ODG states, "Criteria for the Use of Corticosteroids: (1) Patients should have clear-cut signs and symptoms of radiculopathy; (2) Risks of steroids should be discussed with the patient and documented in the record; (3) The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; (4) Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury." The injured worker has been diagnosed with cervical radiculitis. I disagree with the UR physician's assertion that the rationale for prednisone was not indicated in the records available for review. It was for postoperative inflammation secondary to requested carpal tunnel surgery. The request is medically necessary.