

Case Number:	CM15-0181574		
Date Assigned:	09/22/2015	Date of Injury:	01/29/2015
Decision Date:	11/03/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/15/2015

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, Hawaii
 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 53-year-old female, who sustained an industrial injury on 1-29-2015. The injured worker is undergoing treatment for thoracic sprain and strain, lumbar sprain and strain. The request for authorization is for Medrol dose pak quantity 1. The UR dated 8-27-15: non-certified the request for Medrol dose pak. On 7-16-2015, reported intermittent shooting low back pain with associated numbness, rated 1-8 out of 10 on a pain scale. She indicated her pain increased with activity such as sitting, standing and walking. She also reported constant shooting mid back pain with associated weakness, numbness and tingling, rated 6-8 out of 10. She indicated the mid back pain to be increased with bending, turning and lifting. Physical examination revealed decreased range of motion, tightness, spasm and positive spurlings and foramina compression testing in the neck; normal range of motion, no tenderness, and negative neers and Hawkins in the bilateral shoulders; normal range of motion and no tenderness in the bilateral elbows; normal range of motion and no tenderness in the bilateral wrists and hands; decreased flexion and no tenderness noted in the thoracic spine; decreased flexion and extension, tightness and spasm in the lumbar spine area. On 8-13-15, she reported low back and thoracic spine pain, which was increased with walking, bending and turning in bed. There is notation of "no true radicular or neurological component to the pain". She is seen utilizing a cane for ambulation. Physical examination revealed low back tenderness, decreased range of motion and tenderness and negative sciatic tension test. She was prescribed Naproxen and Medrol dose pak. She reported being taken off work on 7-16-15. The treatment and diagnostic testing to date has included: x-rays of the thoracic and lumbar spine, magnetic resonance imaging of the low back

(6-15-15) showed degenerative changes and bulging discs, physical therapy noted to give no benefit, epidural injection of the mid back reported as not helping, medications have included Ketoprofen and Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pak: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Pain, Oral Corticosteroids.

Decision rationale: The patient presents with pain affecting the low and mid back. The current request is for Medrol Dose Pak. The treating physician report dated 8/13/15 (58B) states, "I would like to prescribe both Naprosyn to take bid as well as a Medrol Dose pack." The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding oral corticosteroids: Regarding Oral corticosteroids, ODG states "Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain." 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. (Tanner, 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 lower back pain. In this case, Medrol tablets are not recommend for the treatment of lower back pain by the ODG guidelines. The current request is not medically necessary.