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| Case Number: | CM15-0185731 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 11/06/2001 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 11-06-2001. He has reported subsequent low back pain radiating to the lower extremities and was diagnosed with chronic discogenic spinal pain with prior discectomy and fusion of L5-S1, L4-L5 disc degeneration status post L4-L5 decompression and interbody fusion and failed back surgery syndrome. MRI of the lumbosacral spine on 07-08-2014 showed post-surgical changes with no hardware complications, diffuse disc bulges at T12-S1 and facet joint hypertrophy. Treatment to date has included pain medication and surgery. Medications were noted to provide substantial benefit. In a progress note dated 08-17-2015, the injured worker reported back pain that radiated down the left leg. The physician indicated that the severity of the condition was rated as 9 out of 10 with 10 being the worst but within the same note the severity of the condition was rated as 4 out of 10 with 10 being the worst. Objective examination findings revealed pain in the lumbar sacral spine radiating to the pelvis area and upper legs, positive straight leg raise, decreased sensation to light touch bilaterally in the S1 and L5 dermatomes and pain to palpation over the L4 to L5 and L5 to S1 hardware bilateral and secondary myofascial pain with triggering and ropey fibrotic banding. The physician noted that due to the increased pain a Medrol dose pack was being requested. The injured worker was noted to be working without restrictions. A request for authorization of Medrol Pak #1 was submitted. As per the 08-26-2015 utilization review, the request for Medrol Pak #1 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Pak #1: 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), Treatment Index, 13th Edition (Web), 2015, Pain, 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) pain chapter and pg 110.

Decision rationale: According to the guidelines, oral steroids should not be used for chronic pain. In this case, the claimant had chronic back pain. The claimant was on opioids, NSAIDS, muscle relaxants, antiepileptics and Benzodiazepines. The use of steroid with these medications can increase GI and renal side effects. In addition, it can only provide a very short term relief. The request for a Medrol dose Pak is not medically necessary.