

<b>Case Number:</b>	CM15-0186585		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/04/2006
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: New Jersey

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 49 year old male with an industrial injury dated 05-04-2006. Medical record review indicate he is being treated for chronic cervical mechanical myofascial pain with flare up, chronic right cervical syndrome at cervical 5-cervical 6 with flare up, disc protrusion at cervical 5-cervical 6 and cervical 6-cervical 7 and cervical spondylosis (non industrial). Subjective complaints (07-30-2015) included "some flare up of pain with sharp, pins and needles in the neck area radiating to the right side inducing lack of sleep." The pain rating is documented as 7 out of 10. The injured worker had run out of medication and reported lack of sleep in the last 3 nights. The treating physician indicated there were no changes in his medical and no new symptoms. Work status is documented (07-30-2015) as: "Return to work with limited overhead work, lifting, pulling and pushing of 25 pounds, five minute stretch break every 40 minutes and change position as needed for comfort." The injured worker had not been working prior to the visit. His medications included Norco and Soma. Prior treatments included physical therapy and medications. Physical exam (07-30-2015) revealed restricted range of motion of the cervical spine, full range of motion of bilateral shoulders, bilateral elbows and bilateral wrists. Sensory examination is documented as no sensory abnormalities noted with sensation intact to touch and pinprick in all dermatomes in the bilateral upper extremities. The treatment plan included physical therapy, acupuncture, Norco, Soma and Medrol. The treatment request is for 42 tablets of Prednisone 10 mg. On 08-19-2015 the request for 42 tablets of Prednisone 10 mg was non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**42 tablets of Prednisone 10 mg:** 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) Lower Back section, Corticosteroids.

**Decision rationale:** The MTUS Guidelines do not address oral or parenteral administration of steroids for the treatment of pain. The ODG, however, states that steroids may be recommended in limited circumstances for acute radicular low back pain, but does not recommend steroids for acute non-radicular pain (i.e. axial pain) or chronic pain, or for any cervical pain in general. Criteria for the Use of corticosteroids (oral/parenteral for low back pain) includes: (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. In the case of this worker, after running out of his usual pain medications, neck pain worsened which was reported in a recent progress note. Medrol and prednisone were recommended. However, restarting his usual medications seems more appropriate considering the circumstances. There also was no physical examination finding which confirmed neuropathy. Therefore, a prednisone taper does not seem to be warranted and is not medically necessary, considering the documentation provided.