

Case Number:	CM15-0187081		
Date Assigned:	09/29/2015	Date of Injury:	01/02/1998
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/23/2015

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 year old female, who sustained an industrial injury on 1-2-1998. The injured worker is undergoing treatment for: low back pain, bilateral lumbar radiculopathy, L1-2 and L2-3 degenerative disc disease. On 6-11-15, her pain level for low back is rated 10 out of 10 without medications and 1-2 out of 10 with medications. On 8-11-15, she reported a flare-up of her low back pain and right lower extremity pain. She rated the low back pain 1-2 out of 10 with medications and 10 out of 10 without medications. She rated right hip pain 4 out of 10 with medications and 10 out of 10 without medications. Physical findings revealed a normal gait, no perceptible weakness noted, tenderness and spasm are noted in the lumbar paravertebrals, and decreased left hip flexion range of motion. The provider noted prescribing Medrol dose pack for flare of pain and inflammation. The treatment and diagnostic testing to date has included: medications, status post lumbar procedure (September 2012), status post lumbar fusion (date unclear), trigger point injection (8-11-15), ice, heat, lumbar spine x-rays (8-11-15). Medications have included: Norco. Current work status: documented as deferred to primary treating physician. The request for authorization is for: prospective usage of Medrol dose pack. The UR dated 9-17-2015: non-certification of prospective usage of Medrol dose pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pack: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain. Low Back-Criteria for the use of Corticosteroids) oral/parenteral for low back pain).

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

Decision rationale: The patient presents with flare-up of low back pain and right lower extremity pain. The current request is for Medrol dose pack. The treating physician states, in a report dated 08/11/15, "The patient was given a refill prescription of Medrol Dose Pack to take as directed #1 to decrease her flare up of pain and inflammation." (7B) The MTUS guidelines are silent on the issue of oral corticosteroids. ODG guidelines state, "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. Medrol (methylprednisolone) tablets are not approved for lower back pain. In this case, Medrol tablets are not recommend for the treatment of the patient's recent acute exacerbation. The patient is status post L3-S1 fusion and has documented radiculopathy with decreased sensation affecting the L4 and L5 dermatomes. The ODG recommends Medrol dose for acute radicular pain. The current request is medically necessary.