

Case Number:	CM15-0193698		
Date Assigned:	10/07/2015	Date of Injury:	06/17/2014
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old female with a date of injury on 6-17-14. A review of the medical records indicates that the injured worker is undergoing treatment for chronic bilateral upper extremity pain. Progress report dated 9-3-15 reports continued complaints of increased left upper extremity pain that radiates from the elbow along the ulnar aspect. EMG nerve conduction study of left arm has been within normal limits and it is unclear why the pain has increased. She had numbness along the 4th and 5th digits of the left hand. Objective findings: tenderness along the left elbow, ulnar forearm and ulnar hand, mild parasthesias noted along the 4th and 5th digits, Tinel's is equivocal along the wrist and positive along the elbow. Treatments include: medication, physical therapy, home exercise program, carpal tunnel surgery both wrists. Request for authorization was made for prednisone 20 mg. Utilization review dated 9-11-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 20mg #12: 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 Prednisone: Drug information. Topic 9809, version 175.0. UpToDate, accessed 11/13/2015. Rutkove SB, et al. Overview of upper extremity peripheral nerve syndromes. Topic 5282, version 17.0. UpToDate, accessed 11/14/2015. Doherty TJ, et al. Ulnar neuropathy at the elbow and wrist. Topic 14172, version 11.0. UpToDate, accessed 11/14/2015.

Decision rationale: Prednisone is a medication in the corticosteroid class. The MTUS Guidelines are silent on this issue. Prednisone is a very strong anti-inflammatory and suppresses the immune system, which fights infections. It is FDA-approved to control specific allergic conditions that did not respond to usual treatments, specific skin conditions, high calcium levels due to a cancer-induced syndrome, underactive adrenal glands, significant flares of Crohns disease or ulcerative colitis, certain blood conditions that occur due to problems with the immune system, lymphoma and leukemia under certain circumstances, certain severe allergic and inflammatory eye conditions, symptomatic sarcoidosis, asthma flares, the lung inflammation associated with swallowing problems, a kidney condition that causes too much protein in the urine under certain circumstances, specific autoimmune conditions in certain circumstances (such as during a flare), and a few other less common conditions. The literature also supports the use of prednisone to treat flares of chronic obstructive pulmonary disease, Bell's palsy, inflammation of the wrapping around the heart, symptoms related to cancer in the brain or in the bones under certain circumstances, specific thyroid conditions, specific conditions causing inflammation of arteries, and autoimmune hepatitis. This medication can have very serious negative side effects and complications, even with short-term use, and should not be used along with certain other medications, supplements, and herbs. Prednisone should also not be used at all or should be used with caution when someone has certain medical conditions. The submitted and reviewed documentation indicated the worker was experiencing pain in the elbows that spread throughout the arm and numbness in the left #4 and 5 fingers. The provider note at the time prednisone was recommended did not detail the worker's medical conditions, other medications being used, or individualized risk assessment. Further, while the treatment recommendation suggested a one-week taper, this taper was not described. Other earlier documentation suggested the worker had been recently taking medications that should not be used at the same time as prednisone. There was no discussion sufficiently suggesting the reason this therapy was needed, documenting findings suggesting any of the above conditions, or reporting special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for twelve tablets of prednisone 20mg is not medically necessary.