

<b>Case Number:</b>	CM15-0201261		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 2, 2013. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for Medrol and Norco. The claims administrator referenced a July 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 29, 2015, the applicant reported ongoing complaints of chronic low back pain radiating to the right leg status post earlier failed lumbar laminectomy surgery. Tylenol No. 4, Norco, and Zanaflex were all seemingly renewed. The applicant's tolerance for activities was diminished, the treating provider reported. The treating provider stated that the applicant had noticed heightened complaints of lower extremity radicular pain complaints and suggested a Medrol Dosepak for the same. The attending provider stated that the applicant was always incapable of working and would remain eligible for State Disability Insurance (SDI).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methylprednisolone 4mg #21:** 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).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, Glucocorticosteroids for Acute Severe Radicular Pain Syndromes, page, 506.

**Decision rationale:** Yes, the request for methylprednisolone (Medrol) was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 does acknowledge that oral corticosteroids such as the Medrol Dosepak at issue are "not recommended" in the evaluation and management of the applicant's with low back pain, as was seemingly present here, this recommendation is, however, contravened by a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Disorders Chapter, which acknowledges on page 506 of glucocorticosteroids such as the Medrol Dosepak at issue are recommended for treatment of acute severe radicular pain syndromes for purpose of a short-term reduction in pain. Here, the attending provider contended on July 20, 2015 that the applicant had developed a flare in the lower extremity radicular pain complaints. Provision of Medrol was indicated to ameliorate the same. The attending provider did state that he had prescribed the Medrol Dosepak for the purposes of attenuating said flare and lower extremity radicular pain complaints. Therefore, the request is medically necessary.

**Hydrocodone-Acetaminophen 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Conversely, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. Here, however, the attending provider's September 29, 2015 office visit set forth a clear or compelling case for concurrent usage of two separate short-acting opioids Norco and Tylenol No. 4. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work and was receiving State Disability Insurance (SDI), the treating provider reported on September 29, 2015. The applicant reported heightened pain complaints present on said September 29, 2015 office visit. The applicant's ability to perform activities of daily living was constrained, the treating provider reported on that date. It did not appear that the applicant had profited from ongoing Norco usage in terms of parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request is not medically necessary.