

Case Number:	CM15-0202257		
Date Assigned:	10/19/2015	Date of Injury:	04/20/2011
Decision Date:	11/30/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 48 year old female, who sustained an industrial injury on 04-20-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis, fibromyalgia, lumbar post-laminectomy syndrome, and chronic pain syndrome. Medical records (03-19-2015 to 09-14-2015) indicate ongoing constipation, and mid and low back pain. Pain levels were rated 6-8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. The IW work status was not specified. The physical exam, dated 09-14-2015, revealed painful straight leg raises, sensitivity in the mid-back below the scapula down to the entire low back area flanking around to the edge of the abdominal areas, and hypersensitivity in the lower-to-mid back. Relevant treatments have included: lumbar spine surgery, lumbar injections, physical therapy (PT), work restrictions, and pain medications. The treatment plan was to start the IW on a trial high dose steroids (Decadron). The request for authorization (09-15-2015) shows that the following medication was requested: Decadron 4mg #48. The original utilization review (09-21-2015) non-certified the request for Decadron 4mg #48.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decadron 4mg #48: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Decadron 4 mg #48 is not medically necessary. Oral corticosteroids are not recommended for chronic pain except polymyalgia rheumatica. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their adverse effects, they should be avoided. In this case, the injured worker's working diagnoses are lumbosacral neuritis; fibromyalgia; lumbar post laminectomy syndrome; and chronic pain syndrome. Date of injury is April 20, 2011. Request for authorization is September 15, 2015. According to a September 11, 2015 progress note, subjective complaints include constipation. Medications include Percocet, Nucynta, Butrans, Ambien, Soma, Cymbalta, Kristalose and Prevacid. Objectively, there is sensitivity in the mid back and lumbar region. The treatment plan indicates the treating provider is requesting a Decadron trial. There is no clinical indication or rationale for a steroid trial in the medical record. The only subjective complaint is constipation. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for chronic pain (except polymyalgia rheumatica) and no clinical indication or rationale for oral steroids, Decadron 4 mg #48 is not medically necessary.