

Case Number:	CM15-0202364		
Date Assigned:	10/19/2015	Date of Injury:	06/25/2009
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
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: Washington, 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:

This injured worker is a 30 year old female who sustained an industrial injury on 06-25-2009. The injured worker was diagnosed as having displacement of lumbar disc without myelopathy, post laminectomy syndrome lumbar region, chronic pain syndrome, thoracic lumbosacral neuritis-radiculitis, and pain into thoracic spine. Comorbid conditions include obesity (BMI 38.4). Treatments to date included physical therapy, acupuncture, lumbar surgery (8-3-2010; 10-13-2011), medication, spinal cord stimulator (3-18-2015), home exercise program, and trigger point injections. The injured worker was noted to be not working. In medical records dated 09-24-2015, the subjective complaints were noted as low back pain with radiation into bilateral legs, pain to mid back, wrists and headaches. Pain was rated as 7/10 which improved with medication. The patient had turned off the spinal cord stimulator as at high and moderate amplitudes it caused increased pain. Activities of daily living (ADLs) were noted to be impaired. Current medications were listed as Oxycontin, oxycodone and Soma. Objective findings included normal gait, thoracic area tenderness to palpation bilaterally with associated spasms, decreased lumbar spine range of motion and was painful, lumbar paravertebral tenderness at the midline and gluteus medius tenderness was noted bilaterally. Straight leg raise was positive bilaterally. There was a positive FABER's test on right low back, left low back and left hip. Motor exam of lower extremities was normal but sensory exam revealed slight decreased light touch in L4-S1 dermatomes bilaterally. The spinal cord stimulator was placed on a lower setting and a Request for Authorization for Decadron was submitted. The Utilization Review (UR) dated 10-06-2015 indicated that the request for Dexamethasone (decadron) 4mg #9 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexamethasone (decadron) 4mg #9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 1) Neck and Upper Back (Acute & Chronic): Corticosteroids (oral/parenteral/IM for low back pain)2) Low Back - Lumbar & Thoracic (Acute & Chronic): Procedure Summary - Low Back: Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: Decadron (dexamethasone) is a synthetic corticosteroid drug indicated to treat certain inflammatory diseases, including arthritis and short-term treatment of bronchial inflammation or acute bronchitis due to various respiratory diseases. It is also used to treat both acute periods and for the long-term management of autoimmune diseases such as systemic lupus erythematosus and has been used as a treatment for multiple sclerosis. It is available for administration via IV, IM, oral, and topical routes. Packaging as an oral "dosepak" is done to treat acute exacerbations of disease. The MTUS does not comment on its use to treat chronic pain. The Official Disability Guidelines (ODG) does not recommend the use of oral steroids in the treatment of chronic pain, except for Polymyalgia rheumatica (PMR) or acute radicular pain. This patient has a radicular etiology for her pain for which a spinal cord stimulator (SCS) has been implanted. The patient has been intolerant to high and moderate amplitude settings of the SCS so the stimulator was placed in a low setting and the provider ordered a short course (9 tablets) of Decadron to lower inflammation caused by initiation of this therapy. This is an appropriate indication for use of steroids in a chronic pain patient. The request for use of this medication is medically necessary and has been established.