

Case Number:	CM15-0022377		
Date Assigned:	02/11/2015	Date of Injury:	09/02/2004
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/06/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 60-year-old female, with a reported date of injury of 09/02/2004. The diagnoses include fibromyalgia, complex regional pain disorder, and chronic pain syndrome. Treatments have included pain medications, an x-ray of the cervical spine, and an MR scan of the cervical spine. The progress report dated 01/08/2015 indicates that the injured worker's pain level with medication was 6.5 out of 10 and without medication was 8.5 out of 10. It was noted that the medications were helping. The report was handwritten, and partially illegible. The treating physician requested Prednisone 10mg #21. The rationale for the request was not indicated. On 01/19/2015, Utilization Review (UR) denied the request for Prednisone 10mg #21, noting that there was no documentation of an examination of the injured worker's lungs. The MTUS Guidelines and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 10mg quantity 21 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain and Low Back sections, oral corticosteroids.

Decision rationale: ODG section on pain states that oral corticosteroids are not recommended for chronic pain except in polymyalgia rheumatica. The risks of use are high and outweigh any benefits in chronic pain. There is limited use for oral steroids in acute radicular back pain. In this case, there is no documentation of acute radicular back pain symptoms. There is documentation of recent bronchitis during and ED visit for which prednisone was prescribed but evidence of ongoing lung symptoms or of any industrial association of prior lung symptoms. Prednisone 10 mg #21 is not medically necessary.