

Case Number:	CM15-0023311		
Date Assigned:	02/12/2015	Date of Injury:	01/15/2008
Decision Date:	04/15/2015	UR Denial Date:	01/21/2015
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: California
 Certification(s)/Specialty: Emergency 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 (IW) is a 57 year old female who sustained an industrial injury on 01/15/2008 in a cumulative injury. She has reported pain in the left shoulder. Diagnoses include partial rotator cuff tear; rotator cuff syndrome not otherwise specified; depressive disorder not elsewhere classified; anxiety state not otherwise specified. Treatment to date includes epidural steroid injection, heat treatment and ice treatment physical therapy. She takes Norco for pain which provides 98% benefit with up to five hours of pain relief. A progress note from the treating provider dated 01/07/2015 indicates tenderness and swelling in the left shoulder with weakness, diminished and absent reflexes. The plan of care includes medications of Medrol 4mg oral to be taken as directed, Norco 5/325mg take one tablet by mouth three times daily as needed for pain, Rogaine 2% daily use of the topical medication 2 times daily for hair loss, and Temazepam 15 mg by mouth daily at bedtime. On 01/21/2015 Utilization Review non-certified a request for Methylpred PAK 4mg, #21. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylpred PAK 4mg, #21: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain (Chronic): Oral Glucocorticoids.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines it is not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. Medrol is not FDA approved for pain treatment. Methylprednisolone pak is not medically necessary.