

Case Number:	CM15-0027053		
Date Assigned:	02/19/2015	Date of Injury:	05/31/2014
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/12/2015

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: 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 injured worker is a 45-year-old female with an industrial injury dated May 31, 2014. The injured worker diagnoses include right fracture of the fourth metacarpal bone, right hand contusion, and right thumb neuropraxia on the dorsal digital nerves, resolved. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. In a progress note dated 12/15/14, the injured worker complained of pain and stiffness. Objective findings revealed mild swelling and slightly shorter ring finger than opposite hand. The treating physician noted stiffness of fingers and wrist, however still flexible and sensation was intact. The treating physician prescribed Prednisone 20mg #11 dispensed on 12/15/14. UR determination on January 26, 2015 denied the retrospective request for Prednisone 20mg #11 dispensed on 12/15/14, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 20mg #11: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Low Back; Prednisone, see Oral corticosteroids.

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

Decision rationale: The MTUS Guidelines do not address the use of oral corticosteroids for the use of chronic pain. The ODG does not recommend the use of oral corticosteroids 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. Oral corticosteroids are recommended in limited circumstances for acute low back radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. Glucocorticoids at low doses (15-20 mg prednisone per day initially) are the mainstay of treatment for polymyalgia rheumatica (PMR). Medical records indicate that the injured worker is experiencing pain in the right hand with evidence of inflammation. Medical necessity of this request has not been established within the recommendations of the ODG. The request for Prednisone 20mg #11 is determined to not be medically necessary.