

<b>Case Number:</b>	CM15-0223385		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	02/13/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51-year-old female, who sustained an industrial injury on February 13, 2012. The injured worker was diagnosed as having status post lumbar spine microdecompressive surgery at lumbar 5 to sacral 1 on the left on March 03, 2015, lumbar spine facet arthropathy, cervical radiculopathy, chronic mid back pain, right shoulder impingement syndrome, and left shoulder impingement. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left shoulder, magnetic resonance imaging of the right shoulder, laboratory studies, above noted procedure, use of ice, at least 24 sessions of chiropractic therapy, at least 8 sessions of acupuncture, 1 transforaminal epidural steroid injection, 1 medial branch block, medication regimen, and magnetic resonance imaging of the lumbar spine. In a physician's report dated October 09, 2015 the treating physician reports complaints of complaints of stabbing and aching pain to the neck that radiates to the shoulder blade area and to the bilateral arms with the right worse than the left along with weakness to the arms bilaterally with her dropping things out of the right arm. The treating physician also noted complaints of constant, stabbing pain to the low back along with numbness and tingling to the left leg. Examination performed on October 09, 2015 was revealing for an antalgic gait, tenderness and spasms to the left lumbar paraspinal muscles, decreased range of motion to the cervical spine, decreased range of motion to the thoracic spine, decreased range of motion to the lumbar spine, decreased sensation to the right cervical 6 and 7 dermatomes, decreased strength to the right upper extremity muscles, decreased range of motion to the right shoulder, tenderness to the right shoulder, positive Neer's testing, decreased range of motion to the left shoulder, tenderness to the left shoulder, and positive Neer's testing to the left shoulder. The injured worker's medication regimen on October 09, 2015 and on September 02, 2015 included Percocet (since at least prior to August 05, 2015), Norflex (since at least prior to

March 17, 2015), Naproxen (since at least prior to March 17, 2015), Gabapentin (since at least prior to August 05, 2015), Prilosec (since at least prior to March 17, 2015), and Capsaicin Cream (since at least prior to March 17, 2015). The injured worker's pain level on October 09, 2015 to the neck was rated a 6 to 7 out of 10 and to the low back a 6 out of 10. The report from October 09, 2015 and the progress note from September 02, 2015 noted that the injured worker's medication regimen decreased her pain level from a 10 out of 10 to a 6 to 8 out of 10 and that she was able to walk longer, and "would not be able to function interferential unit she was not taking the medications". The treating physician requested a pharmacy purchase of Prednisone tablet 10mg with a quantity of 25 for a 7-day supply, but the documentation did not indicate the specific reason for the requested medication. On November 04, 2015, the Utilization Review determined the request for a pharmacy purchase of Prednisone tablet 10mg with a quantity of 25 for a 7-day supply to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pharmacy purchase of Prednisone tab 10mg #25 for a 7-day supply: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The claimant sustained a work injury to the mid and low back and bilateral shoulders in February 2012 when, while working as a caregiver, she was transferring a patient from bed to wheelchair and the wheelchair slipped. She underwent a lumbar microdiscectomy in March 2015. Medications are referenced as decreasing pain from 10/10 to 6-8/10. When seen in September 2015 her symptoms had worsened. She had been unable to pick up a prescription for Percocet which had been denied. When seen, she had pain rated at 6-7/10. The surgery in March had helped a little with improved walking and standing tolerances and increased mobility. She was having ongoing bilateral shoulder and low back pain and was having radiating neck pain into her shoulders and arms. She had pain rated at 6-7/10. Physical examination findings included left lumbar paraspinal tenderness with spasms. She had decreased range of motion throughout her spine. There was decreased right upper extremity sensation and strength. There was mildly decreased left tibialis anterior strength. There was right calf muscle and tibialis anterior muscle atrophy. She had decreased bilateral shoulder range of motion with tenderness and positive impingement testing. Authorization is being requested for a one-week course of prednisone. Active medications also include naproxen. Oral or intramuscular corticosteroids can be recommended in limited circumstances for acute radicular pain. Use is not recommended for acute non-radicular pain or chronic pain. In this case, there was no new injury. The claimant was continuing to be treated for chronic low back pain. She was already taking an oral non-steroidal anti-inflammatory medication. Oral prednisone is not considered medically necessary.