

Case Number:	CM15-0047879		
Date Assigned:	03/20/2015	Date of Injury:	03/23/1986
Decision Date:	05/05/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 70 year old female who sustained a work related injury on March 23, 1986, incurring lower back injuries. She was diagnosed with lumbosacral disc disease and stenosis. She underwent bilateral laminotomies and lumbar spinal fusion. There is a history of cervical spine fusion. Currently, in February 2015, the injured worker complained of increased lower back pain radiating down into the right lower extremity. The pain score was rated at 8/10 without medications and 4/10 with medications on a scale of 0 to 10. X rays revealed moderate degenerative joint disease of the bilateral hips. Treatment included pain patches, anti-inflammatory drugs and pain medications. The medications listed are Mirapex, Lidoderm, Celebrex and Vicodin. The treatment plan that was requested for authorization included a prescription for a prescription of a Medrol Dosepak. A Utilization Review determination was rendered recommending non certification for Medrol 4mg Dosepak #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol 4mg, Dosepak #1: 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) Treatment Index, 11th Edition (web), 2014, Pain, Oral Corticosteroids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Steroids.

Decision rationale: The CA MTUS and ODG guidelines recommend that oral steroids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, co-analgesics and PT are ineffective. The records indicate that the pain is significantly decreased by the use of maintenance analgesic medications. There is no documentation of subjective and objective findings indicating exacerbation of musculoskeletal pain. The objective findings noted was not different from those from previous clinical notes. The use of high dose oral steroids is associated with incidence of severe systemic adverse effects including cardiovascular, gastrointestinal, endocrine and central nervous system complications. The complications can be worse in the elderly due to concurrent use of multiple medications and other disease conditions. The criteria for the use of Medrol 4mg Dosepak #1 were not met; the request is not medically necessary.