

<b>Case Number:</b>	CM14-0149685		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56 year old female who presented with a history of a work related accident that occurred on 3/10/2014. She injured her neck and was diagnosed with a neck sprain. She sustained a closed head injury and multiple contusions when she fell down six stairs at work. She developed persistent neck pain that radiated down the left arm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Medrol dose (pak):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Oral Corticosteroid

**Decision rationale:** The injured worker presents with chronic neck pain. The Official Disability Guidelines state that oral corticosteroids (such as Medrol) are not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain. Given their serious adverse effects, they should be avoided. In addition, the American College of

Occupational and Environmental Medicine guidelines state that Medrol is not approved for pain. Multiple serious adverse effects are associated with systemic steroid use. Therefore, the requested Medrol dose (pak) would not be considered medically necessary.

**Unknown prescription of Prilosec:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors;. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton Pump Inhibitor

**Decision rationale:** Prilosec is a proton pump inhibitor used in conjunction with anti-inflammatory drugs such as Medrol to reduce the risk of gastrointestinal irritation. However, since the Medrol does (pak) is not considered medically necessary in this case. There would be no need to use Prilosec as well. In addition, Official Disability Guidelines state that Prilosec is recommended for patients at risk for gastrointestinal events. This patient was not documented as being at risk for a gastrointestinal event. Therefore, the request for Prilosec would not be considered medically necessary.