

<b>Case Number:</b>	CM14-0175900		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	04/27/2000
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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:

This is a 66-year-old male with a 4/27/00 date of injury. According to a progress report dated 9/22/14, the patient complained of increased pain in his right knee, described as throbbing. He rated his pain as an 8/10 with medications. He presented with a swollen face, which may be secondary to medications. The patient complained of hypertension. The provider has prescribed Medrol Dose Pak and Benadryl for an apparent allergic reaction. Objective findings: BP 126/76mm Hg, swelling of right knee and presence of scar, tender joint line and positive McMurray's test of right knee; limited right knee range of motion, tender at lumbar spine, tender at facet joint, decreased lumbar spine range of motion. Diagnostic impression: knee pain/joint pain. Treatment to date: medication management, activity modification. A UR decision dated 10/9/14 denied the requests for Medrol Dosepak and Dyazide. Regarding Medrol, there are no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. Regarding Dyazide, this is a diuretic used to promote retained fluid. It is not used to treat joint swelling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol Pak 4 mg tab in a dose pack tablet (s) PO as directed 7 days #1:** Overturned

**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 Other Medical Treatment Guideline or Medical Evidence: FDA (Medrol Dose Pak)

**Decision rationale:** CA MTUS and ODG do not address the issue of Medrol Dose Pak as it is related to anaphylactic reactions. Methylprednisolone is a steroid that is used to treat many different inflammatory conditions such as arthritis, lupus, psoriasis, ulcerative colitis, allergic disorders, gland (endocrine) disorders, and conditions that affect the skin, eyes, lungs, stomach, nervous system, or blood cells. In the present case, it is noted that the patient presented with a swollen face, which may be secondary to medication use. The provider has prescribed Medrol Dose Pak and Benadryl for an apparent allergic reaction. Methylprednisolone is indicated to treat allergic reactions and anaphylactic conditions. Therefore, the request for Medrol Pak 4 mg tab in a dose pack tablet (s) PO as directed 7 days #1 is medically necessary.