

Case Number:	CM14-0182469		
Date Assigned:	11/07/2014	Date of Injury:	09/10/2013
Decision Date:	12/15/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family 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:

The injured worker is a 40-year-old male who reported an injury on 09/10/2013. The mechanism of injury was lifting. His diagnoses include degeneration of lumbosacral intervertebral disc, degeneration of the lumbar intervertebral disc, and psychophysiological disorder. His past treatments include physical therapy, a home exercise program, medications, and an epidural steroid injection. Diagnostic studies include an MRI of the lumbar spine on 09/28/2013, which revealed disc dehydration and mild to moderate degeneration at L2-3; very mild disc dehydration at L5-S1; and no remarkable disc protrusion or neurocompression. Lumbar spine and thoracic spine x-rays were taken on 09/13/2013 and revealed very minimal spondylosis consistent with early degenerative disc disease at L2-3 and no evidence of abnormality of the thoracic spine. His surgical history includes an ulnar nerve release in 01/2005. On 11/07/2014, the injured worker presented with ongoing chronic low back pain. He reported a 40% decrease in spasm with Soma, a 30% decrease in pain with Neurontin, and a 45% decrease in pain with Percocet. Additionally, the injured worker noted a short course of tapered Prednisone offered moderate, but short term pain relief. The objective findings revealed no evidence of arthralgia, joint pain, or swelling in the extremities; right leg muscle weakness and aching; and back pain near an unspecified shoulder blade. He was also noted to have an antalgic gait favoring the right and normal posture. Current medications include Gabapentin, Percocet, Soma, and Trazodone. The treatment plan was noted to include continuation of previously prescribed medications including a refill for Percocet, continuation of a home exercise program, walking as tolerated, education on sleep hygiene, and a temporarily totally disabled status. A request was received for Prednisone 5 mg #56; however, a rationale was not provided. The Request for Authorization form was submitted for review on 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 5mg #56: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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

Decision rationale: The request for Prednisone 5mg #56 is not medically necessary. The Official Disability Guidelines recommend oral corticosteroids for the treatment of polymyalgia rheumatica (PMR). However, there was no data on the efficacy and safety of systemic corticosteroids in chronic pain, given their serious adverse effects, they should be avoided. There was insufficient documentation to show a diagnosis for polymyalgia rheumatica or treatment for polymyalgia rheumatica. The documentation did indicate the injured worker to have previously taken a tapered course of Prednisone; however, there was insufficient documentation of the dosage and frequency of the tapered medication previously taken as well as an objective VAS pain level with and without the medication. Additionally, the request, as submitted, failed to indicate the frequency in which the medication was prescribed. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for prednisone 5 mg #56 is not medically necessary.