

Case Number:	CM14-0211115		
Date Assigned:	12/23/2014	Date of Injury:	07/19/2012
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: California

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:

According to the records made available for review, this is a 27-year-old male with a 7/19/12 date of injury. At the time (12/1/14) of the Decision for Unknown Prescription of Medrol Dosepak, there is documentation of subjective (back and bilateral leg pain) and objective (L5-S1 hypesthesia, antalgic gait, and foot drop) findings, current diagnoses (lumbago, bilateral sciatica, and disc bulge/displacement of the nerve roots), and treatment to date (medications (including ongoing treatment with Norco)). There is no documentation of evidence of a discussion with the patient regarding the risk of systemic steroids; and a symptom free period with subsequent exacerbation or evidence of a new injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription of Medrol Dosepak: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram ; Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

Chapter, Oral corticosteroids; Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: MTUS reference to ACOEM Guidelines identifies that there is limited research-based evidence for oral corticosteroids in the management of low back complaints. ODG identifies documentation of radiculopathy (with supportive subjective and objective findings) and evidence of a discussion with the patient regarding the risk of systemic steroids, as criteria necessary to support the medical necessity of systemic corticosteroids in the acute phase of an injury. In addition, ODG identifies documentation of a symptom free period with subsequent exacerbation or evidence of a new injury, as criteria necessary to support the medical necessity of systemic corticosteroids in the chronic phase of an injury. Within the medical information available for review, there is documentation of diagnoses of lumbago, bilateral sciatica, and disc bulge/displacement of the nerve roots. In addition, given documentation of subjective (back and bilateral leg pain) and objective (L5-S1 hypesthesia and foot drop) findings, there is documentation of radiculopathy. However, there is no documentation of evidence of a discussion with the patient regarding the risk of systemic steroids. In addition, given documentation of a 7/19/12 date of injury, there is no (clear) documentation of a symptom free period with subsequent exacerbation or evidence of a new injury. Therefore, based on guidelines and a review of the evidence, the request for Unknown Prescription of Medrol Dosepak is not medically necessary.