

Case Number:	CM14-0219197		
Date Assigned:	01/09/2015	Date of Injury:	04/05/1971
Decision Date:	03/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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: Physical Medicine & Rehabilitation

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 83 year old male, who sustained an industrial injury on April 5, 1971. He has reported low back pain with radiation of pain to the right lower extremity. The diagnoses have included herniated disc, lumbar radiculopathy, sciatica, spinal stenosis, degenerative disc disease and chronic low back pain. Treatment to date has included lumbar spine surgery in 1971 and in 1975, home exercises and pain medication. Currently, the injured worker complains of increasing back and radicular symptoms into the left leg and right leg. The injured worker reported that the pain had significantly worsened over the previous four weeks. On examination, the injured worker had significant tenderness and spasm in the left lower lumbosacral spine and decreased range of motion. There was left-sided L5 radiculopathy and a positive straight leg raise. The injured worker reported numbness and tingling in the L5 distribution and he had diminished reflexes. The evaluating physician recommended a Medrol Dosepak to reduce inflammation and sciatica. On December 1, 2014 Utilization Review non-certified a request for Medrol dose pack noting that the medical documentation submitted for review did not establish the necessity for oral corticosteroids for management of a chronic pain condition. The California ACOEM Guidelines and the Official Disability Guidelines were cited. On December 30, 2014, the injured worker submitted an application for IMR for review of Medrol Dosepak.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pack: 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 low back chapter, oral corticosteroids

Decision rationale: The patient presents with back pain and radicular symptoms into the legs. The request is for MEDROL DOSE PACK. Physical examination revealed significant tenderness and spasm in the left lower lumbosacral spine, decreased range of motion, about 50% of normal, left sided L5 radiculopathy, positive straight leg raise, and diminished reflexes. Patient's diagnosis on 10/23/14 included herniated disc, lumbar radiculopathy, sciatica, spinal stenosis, degenerative disc disease, and chronic low back pain. The patient was prescribed Percocet and Flexeril. Patient is retired. Regarding oral corticosteroids, ODG under its low back chapter states not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarner, 2012) ODG Low Back Chapter recommends in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013). In this case, the patient has chronic low back pain, and the treater has requested Medrol dose pack for inflammation and sciatica. The patient does not present with the indication for Medrol dosepak as ODG recommends its use in some cases of acute radicular pain, but not for chronic pain. The request IS NOT medically necessary.