MAXIMUS Federal Services

Case Number:	CM15-0013902		
Date Assigned:	01/28/2015	Date of Injury:	12/09/2004
Decision Date:	03/24/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/23/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency Medicine

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 51 year old female who sustained a work related injury on December 9, 2004, after tripping over a child and falling backwards twisting and landing hard on her left side on the floor. She complained of pain in her neck, shoulders, lower and upper back. Diagnoses included a cervical strain, left knee contusion, and sprained shoulder and arms. Treatment included physical therapy and pain medication. In 2005, she underwent carpal tunnel surgery. X rays of the lumbar spine showed minimal degenerative disc disease and Magnetic Resonance Imaging (MRI) of the thoracic spine showed a small left protrusion at T7-8. Treatment consisted of physical therapy, epidural injection and anti-inflammatory medications.Currently, on December 30, 2014, the injured worker complained of recurrent neck pain and low back pain with weakness of the right leg, and radiculopathy. Diagnoses included spinal stenosis of the lumbar region and cervical strain of the neck.On January 10, 2015, a request for a prescription for Prednisone 10 mg #15 was non-certified by Utilization Review, noting that the California Medical Treatment Utilization Schedule did not address Prednisone and therefore alternative guidelines were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Prednisome 10mg, #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Oral corticosteroids

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

Decision rationale: The CA MTUS guidelines do not address the use of Prednisone. According to the ODG, Oral Corticosteroids are not recommended for chronic pain with the exception of acute radicular pain. As such the request is considered not medically necessary.