

<b>Case Number:</b>	CM15-0121837		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	01/15/2002
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 70-year-old female who sustained an industrial injury on 1/15/02 from a fall (per Utilization Review). She currently complains of increased neck and low back pain and was treated in the emergency department with Norco (5/26/15). In addition she has increased radiculopathy in the bilateral upper extremities and left lower extremity. This is a change from previous complaint and has affected her ability to function and perform activities of daily living as she had been. She exercises regularly. On physical exam there was tenderness on palpation over the lumbar paraspinal muscles overlying the facet joints and sacroiliac joints on the left; abnormal range of motion of cervical spine, shoulders and lumbosacral spine with flexion. Her industrial medications include Flector transdermal patch, Omeprazole, Zanaflex, Norco. Diagnoses include lumbosacral radiculopathy; displacement of lumbar intervertebral disc without myelopathy; degeneration of lumbosacral intervertebral disc; cervical radiculitis; thoracic neuritis; osteoarthritis of the knee. Her treatments to date included participating in a home exercise program; medications; psychosocial evaluation; anxiety; pain management. On 6/8/15, the treating provider's plan of care includes a request for Medrol dose pack to reduce inflammation, improve functionality and re-establish a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Dose Pack (21 Tabs) of Medrol 4 MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines corticosteroids/CRPS Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and oral steroids and 110.

**Decision rationale:** According to the guidelines, oral steroids may be beneficial in those with CRPS. It is not recommended in those with chronic pain. In this case, the claimant did not have CRPS. The pain was chronic. The request for a Medrol Dose Pak is not medically necessary.