

<b>Case Number:</b>	CM15-0126192		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: California, District of Columbia, Maryland  
 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:

The injured worker is a 45 year old male who sustained an industrial injury on 3/18/10. The injured worker was diagnosed as having anti-phospholipid syndrome and adrenal insufficiency. Currently, the injured worker was with complaints of low back pain and right foot pain. Previous treatments included knee compression stocking, oral pain medication, wound treatment, physical therapy, lumbar support, oral anti-inflammatory, oral muscle relaxants, and psychotherapy. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. The injured workers pain level was noted as 7/10 without medication and 4/10 with the use of medication. Objective examination was notable for left leg medial ankle fasciectomy, distal oozing noted to the scar, lumbosacral with tenderness, left sacroiliac tenderness to palpation and left heel strike tender. The plan of care was for Hydrocortisone 5 milligrams quantity of 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocortisone 5 mg #90:** 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).

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

**Decision rationale:** The MTUS CPMTG is silent on the use of hydrocortisone. Per the ODG guidelines regarding oral corticosteroids: Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. Overview: Studies designed to investigate the use of oral, intramuscular, and intravenous steroids in the setting of acute low back pain are limited. Oral steroids (corticosteroids) are used by some clinicians for the treatment of patients with acute low back pain with radiculopathy. The therapeutic objective is to reduce inflammation in an attempt to promote healing and reduce pain. It is also hypothesized that the effect of corticosteroids on mood can enhance the effect of well-being. Overall it is suggested that the main effect of systemic steroids is to provide pain relief (which is reported as minimal in current research) in the early acute period. The injured worker suffers from chronic pain for which oral corticosteroids are not recommended. As such, the request is not medically necessary.