

<b>Case Number:</b>	CM15-0169650		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	01/26/2007
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 26, 2007. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve a request for Medrol Dosepak while conditionally denying Norco. The claims administrator referenced an RFA form received on July 28, 2015 and an associated progress note of July 20, 2015 in its determination. The applicant's attorney subsequently appealed. On July 20, 2015, the applicant reported ongoing complaints of low back pain radiating to the posterior thighs and calf. The applicant had been out of work for the past 5 days owing to the severity of her symptoms. The attending provider stated that the applicant had experienced a significant flare of low back and/or lower extremity radicular pain complaints. The applicant was on Norco, tramadol, and Motrin, the treating provider acknowledged. A Medrol Dosepak was endorsed to alleviate the applicant's lower extremity paresthesias. The applicant was kept off of work, on total temporary disability, in the interim.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute and Chronic): Corticosteroids (oral/parenteral/ IM for low back pain) (07/17/2015).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, page 506.

**Decision rationale:** Yes, the request for a Medrol Dosepak was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 notes that oral corticosteroids are deemed not recommended in the evaluation and management of the applicant's low back pain complaints, as were present here, this recommendation is, however, contravened by a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Disorders Chapter, which notes on page 506 that glucocorticosteroids such as the Medrol Dosepak at issue are recommended in the treatment of acute severe radicular pain syndromes for the purpose of obtaining a short-term reduction in pain. Here, the applicant was described on the July 20, 2015 office visit as having experienced a significant flare in lower extremity radicular pain complaints on that date. Introduction of a Medrol Dosepak was indicated to ameliorate the same, per the Third Edition ACOEM Guidelines Low Back Disorders Chapter. Therefore, the request was medically necessary.