

<b>Case Number:</b>	CM15-0173996		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	12/03/2011
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 27 year old female, who sustained an industrial injury on 12-3-11. Medical record indicated the injured worker is undergoing treatment for bilateral lumbar facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, grade I retrolisthesis L5 on S1, central disc protrusion at L5-S1, lumbar facet joint arthropathy, lumbar facet joint pain, lumbar sprain-strain and hypothyroid. Treatment to date has included oral medications including Norco 10-325mg, Naproxen, Skelaxin, Ultram ER, Ultram, Nucynta, Tylenol #3, Percocet, Flexeril, Gralise and Soma. On 5-7-15 and on 8-6-15, the injured worker complains of bilateral low back pain radiating to the buttocks, left worse than right and radiating to the bilateral posterolateral thighs and right lateral calf. It is noted her Norco has been recently denied. Physical exam performed on 5-7-15 and 8-6-15 revealed restricted lumbar range of motion due to pain, tenderness with palpation of lumbar paraspinal muscles overlying the bilateral L4-5 and L5-S1 facet joints and positive lumbar discogenic provocative maneuvers. The treatment plan included continued request for Norco, request for fluoroscopically guided diagnostic bilateral facet joint medial branch block, follow up visit, random urine drug screen and prescription of Medrol dose pack. On 8-18-15 utilization review non-certified Medrol dose pack noting oral corticosteroids are not recommended for chronic pain except for polymyalgia rheumatica and they are recommended in limited circumstances for acute radicular pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol dose pack #1 with 0 refills:** 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), Oral corticosteroids.

**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-Lumbar & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain).

**Decision rationale:** The claimant sustained a work injury in December 2011 and is being treated for chronic radiating low back pain. When seen, medications were Norco, naproxen, Synthroid, and Nexium. She was having an acute aggravation of low back pain. Physical examination findings included decreased and painful lumbar spine range of motion with paraspinal muscle tenderness. Neural tension signs were negative bilaterally. Medrol was requested for the treatment of the claimant's acutely aggravated low back pain. Oral or intramuscular corticosteroids can be recommended in limited circumstances acute radicular pain. Use is not recommended for acute non-radicular pain or chronic pain. In this case it was prescribed for an acute exacerbation of low back pain. Medrol was not medically necessary.