MAXIMUS Federal Services

Case Number:	CM15-0099029		
Date Assigned:	06/01/2015	Date of Injury:	10/01/2013
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/22/2015

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
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 injured worker is a 42-year-old female, who sustained an industrial injury on 10/1/13. She reported pain in her right arm and neck related to a motor vehicle accident. The injured worker was diagnosed as having cervical disc syndrome and brachial neuritis or radiculitis. Treatment to date has included an EMG/NCV study on 6/11/14 showing mild right C5-C6 radiculitis, a cervical MRI on 6/23/14, a cervical fusion and chiropractic treatments. Current medications include Dexamethasone, Flexeril, Tylenol and Naproxen. As of the PR2 dated 4/16/15, the injured worker reports increased right arm pain and muscle spasms. She is one-week post-op cervical fusion. The treating physician requested to start Dexamethasone 0. 75mg #20 and Flexeril 7. 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexamethasone . 75 MG BID #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Oral Corticosteroids Section.

Decision rationale: Dexamethasone is a corticosteroid that prevents the release of substances in the body that cause inflammation. The MTUS Guidelines do not address the use of oral corticosteroids for the use of chronic pain. The ODG does not recommend the use of oral corticosteroids for chronic pain, except for polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. Oral corticosteroids are recommended in limited circumstances for acute low back radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. Glucocorticoids at low doses (15-20 mg prednisone per day initially) are the mainstay of treatment for polymyalgia rheumatica (PMR). The injured worker's injuries due not satisfy the criteria listed above. The request for Dexamethasone . 75 MG BID #20 is not medically necessary.

Flexeril 7. 5 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. The injured worker is one- week post-op cervical fusion. A short course of Flexeril is reasonable and consistent with the recommendations of the MTUS Guidelines. The request for Flexeril 7. 5 MG #60 is medically necessary.