

Case Number:	CM14-0143987		
Date Assigned:	09/12/2014	Date of Injury:	08/20/1997
Decision Date:	10/21/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old male who sustained an injury on 08/20/1997. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of chronic neck and low back pain. As of 08/22/14 the injured worker noted persistent pain in the neck and low back regions radiating to the shoulders that was aggravated with activities. Without medications the injured worker's pain was severe 9/10 on the VAS. Medications have included Lyrica, MS Contin, Soma, and Xanax. The injured worker's physical exam noted loss of range of motion in the bilateral shoulders with noted weakness in the upper extremities. There was good range of motion with negative Spurling's signs. A Medrol Dosepak was prescribed at this evaluation. The requested Medrol Dosepak was denied on 09/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pack #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, 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 Chapter, Corticosteroids, Oral

Decision rationale: There was no specific rationale noted for the use of a Medrol Dosepak. This medication can be utilized for acute injuries and swelling; however, its efficacy in the treatment of chronic pain is not established. The injured worker did not present with any acute condition that would have supported the use of this medication. As such, this reviewer would not have recommended this medication as medically necessary.