

Case Number:	CM13-0030238		
Date Assigned:	11/27/2013	Date of Injury:	05/17/2013
Decision Date:	01/22/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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:

44 year old female with injury from 05/17/13. 8/20/13 report states that the patient has numbness and tingling of her hands, pain wakes her up at night, affects activities of daily living (ADL's). Exam showed healed surgical scars for carpal tunnel release (CTR), some swelling, tenderness of thenar eminence, decreased grip strength. The patient was given intramuscular (IM) injection of Toradol, 2cc. Diagnosis was s/p bilateral carpal tunnel releases with persistent symptoms. Treatment recommendation was for revision right carpal tunnel release. Pain medications including Naproxen, gabapentin, norco, and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 intramuscular injection of Toradol 2cc between 8/20/2013 and 8/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Academic Emergency Medicine, Vol 5, 118-122, "Intramuscular ketorolac vs oral ibuprofen in emergency department

patients with acute pain" study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency p

Decision rationale: This patient suffers from chronic bilateral carpal tunnel syndrome. The provider injected the patient with 2cc of toradol during his office visit on 8/20/13, but does not discuss what this was used for. There are no documentation of new injury, acute pain or other issues. The MTUS guidelines do not support the use of Toradol for chronic pain. There is also one study quoted above that did not see any benefit of intramuscular (IM) toradol injection vs. oral ibuprofen in an acute emergency (ER) setting. Therefore, the request is non-certified.