

<b>Case Number:</b>	CM14-0131805		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Physical Medicine & Rehabilitation, Pain 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 48-year-old female, who reported an injury on 07/31/2008 caused by an unspecified mechanism. The injured worker's treatment history included MRI studies, medications, surgery, injections, and a brace for her left wrist. The injured worker was evaluated on 07/14/2014, and it was documented that the injured worker complained of upper extremity pain in the left wrist, hand, thumb, and arm. The pain was aggravated by activity. Pain was rated at 7/10 in intensity with medications, and without medications it was a 10/10. The injured worker reported the use of opiate pain medication was helpful. Time until pain relief was approximately 1.5 hours. The pain relief from each medication dose lasted 4.5 hours. The least reported pain since last assessment was 6/10 on the pain scale. Areas of functional improvement as a result of above therapy include cleaning, cooking, doing laundry, and dressing. Examination revealed extremity showed no gross abnormalities. Tenderness was noted at the left elbow, and swelling was noted in the mild. The range of motion of the left wrist was decreased due to pain. Sensory examination showed decrease to touch sensation in the left upper extremity, in the left hand. Motor exam showed decreased strength of extensor muscles and flexor muscles in the left upper extremity. Grip strength testing with Jamar hand dynamometry on the right was 60, 60, and 60 and left was 0, 0, and 0. Associated findings in the upper extremities included hypersensitivity in the left upper extremity, allodynia in the left upper extremity and temperature changes in the left upper extremity. The injured worker was given a Toradol/B12 injection, then observed for 15 minutes and reported good pain relief, which included left elbow pain, left hand pain, wrist pain, constipation - chronic, status post de Quervain's release and decompression, status post left trigger thumb release x2, and left wrist neuropathic pain. Request for Authorization was not submitted for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 3 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35.

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state Tylenol 3 is recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. Adverse effects: Common effects include CNS depression and hypotension. Drowsiness and constipation occur in > 10% of cases. Codeine should be used with caution in patients with a history of drug abuse. Tolerance as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. The documentation submitted indicated the injured worker had conservative care such as physical therapy outcome measurements or long-term functional goals were not submitted for this review. The request failed to indicate duration and frequency. The request for Tylenol #3 # 60 is not medically necessary.

**Toradol Injection with B12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) NSAIDs, specific drug list & adverse effects Page.

**Decision rationale:** Chronic Medical Treatment Guidelines state that Toradol injection is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. The documents submitted indicated the injured worker had received an injection, with no relief. There was lack of longevity of pain relief after the injured worker receives Toradol Injections with B12. The request failed to indicate where the injection is required for the injured worker. As such, the request of Toradol Injection with B12 is not medically necessary.

