

<b>Case Number:</b>	CM14-0138631		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/17/2001
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. 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 49 year old female, who sustained an industrial injury on 3/17/2001. Diagnoses include myofascial regional pain syndrome, right shoulder impingement syndrome, right shoulder lateral epicondylitis and bilateral carpal tunnel syndrome per NCV (nerve conduction studies) studies. Treatment to date has included medications, diagnostics and home exercise. Per the Primary Treating Physician's Progress Report dated 7/18/2014, the injured worker reported diffuse pain all over her body with weakness, fatigue and insomnia episodes. Physical examination revealed positive trigger points. There was Fibromyalgia with tenderness in the bilateral epicondyle region, bilateral medial fat pad region of knees, pectoralis major region bilaterally, upper trapezius region bilaterally and levator scapula region bilaterally. There was a positive handshake test bilaterally, positive Tinel's sign bilaterally and positive Phalen's maneuver bilaterally. The plan of care included an injection administered at this visit and oral and topical medications. Authorization was requested for Cymbalta 30mg #60, Prilosec 20mg #60, Ibuprofen cream 10% 60g, and 2cc of 60mg of Toradol with 1cc of 1% Xylocaine injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2cc of 60mg of Toradol with 1cc of 1% Xylocaine Injection: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol).

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2001 and continues to be treated for widespread pain. When seen, she was having diffuse pain with weakness, fatigue, and insomnia. Physical examination findings included the presence of trigger points. Tinel's and Phalen's testing was positive. The assessment references intolerance of oral non-steroidal anti-inflammatory medication. A Toradol injection was administered and topical ibuprofen was requested. Neurontin was discontinued and Cymbalta was prescribed. The oral form of Toradol (Ketorolac) is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. This medication is not indicated for minor or chronic painful conditions. Guidelines recommend Ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, the claimant was not in any reported distress and starting or discontinuing opioid medication was not being considered. The injection was not medically necessary.

**Ibuprofen cream 10% 60g with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2001 and continues to be treated for widespread pain. When seen, she was having diffuse pain with weakness, fatigue, and insomnia. Physical examination findings included the presence of trigger points. Tinel's and Phalen's testing was positive. The assessment references intolerance of oral non-steroidal anti-inflammatory medication. A Toradol injection was administered and topical ibuprofen was requested. Neurontin was discontinued and Cymbalta was prescribed. Ibuprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant had not had a trial of topical diclofenac and this medication was not medically necessary.