

Case Number:	CM15-0017638		
Date Assigned:	02/05/2015	Date of Injury:	05/01/2004
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 52 year old female, who sustained an industrial injury on May 1, 2004. She has reported right elbow and wrist pain. The diagnoses have included Cubital tunnel syndrome of the right elbow, carpal tunnel syndrome of the right wrist, chronic regional pain syndrome of the right upper extremity, depression, and gastrointestinal symptoms secondary to medications. Treatment to date has included acupuncture, wrist surgery, and medications. A progress note dated December 23, 2014 indicates a chief complaint of right upper extremity pain and weakness, pain and pressure of the head and neck and frequent headaches. Physical examination showed coolness and mottling of the skin of the right arm, full range of motion of the right elbow, a well-healed surgical scar of the right wrist, and mild swelling of the right hand. The treating physician requested approval for Dexamethasone injection, Toradol injection, and Depo-Medrol injection. On January 12, 2015 Utilization Review certified the request for the Dexamethasone injection. Utilization Review denied the request for the Toradol and Depo-Medrol injections citing the ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg/ml injection: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Injections corticosteroids

Decision rationale: Pursuant to the Official Disability Guidelines, Toradol 40 mg per ML injection is not medically necessary. Toradol is recommended for short-term (up to five days) and management of moderately severe acute pain that requires analgesia at the opiate level. This medication is not indicated from minor or chronic painful conditions. The injection is recommended as an option to corticosteroid injections in the shoulder section with up to three injections. Toradol may be used as an alternative to opiate therapy. In this case, the injured worker's working diagnoses are cubital tunnel syndrome right elbow; carpal tunnel syndrome right hand; complex regional pain syndrome/reflex sympathetic dystrophy right upper extremity; trigger finger; clinical depression; and gastrointestinal issues secondary to chronic medication use. Toradol is recommended for short-term use in moderate to severe acute pain. The injured worker's date of injury is May 1, 2004. Toradol is not indicated for chronic pain. There is no clinical indication or rationale for Toradol in the medical record. Consequently, absent clinical documentation to support the use of Toradol in the treatment of complex regional pain syndrome/reflex sympathetic dystrophy right upper extremity (in addition to the other diagnoses listed) not indicated in chronic pain, Toradol 40 mg per ML injection is not medically necessary.

Depo-Medrol 40 mg/ml injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar spine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Injections corticosteroids

Decision rationale: Pursuant to the Official Disability Guidelines, Depo-Medrol 60 mg per ML injection is not medically necessary. Steroid injections are recommended for short-term use. The criteria for steroid injections are enumerated in the Official Disability Guidelines. Pain injections in general are consistent with the intent of relieving pain, improving function, decreasing medication and encouraging return to work. Injections should at a minimum relieve pain to the extent of 50% for sustained period. In this case, the injured workers working diagnoses are cubital tunnel syndrome right elbow; carpal tunnel syndrome right hand; complex regional pain syndrome/reflex sympathetic dystrophy right upper extremity; trigger finger; clinical depression; and gastrointestinal issues secondary to chronic medication use. The requesting physician ordered a Depo-Medrol 40 mg per ML injection. The documentation indicates the injured worker is to receive two injections: Depo-Medrol 40 mg per ML and dexamethasone. There is no clinical indication or rationale for the administration of two intravenous steroids concurrently. Consequently, absent compelling clinical documentation with an indication or rationale for the administration of two intravenous steroids, Depo-Medrol 60 mg per ML injection is not medically necessary.

