

Case Number:	CM13-0001782		
Date Assigned:	05/07/2014	Date of Injury:	11/16/2001
Decision Date:	06/02/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/17/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 50-year-old female presenting with chronic pain following a work-related injury during the time period of April 28, 1998, July 28, 1998, September 12, 2001 and November 12, 2001. The patient complains of neck pain, low back pain, bilateral knee pain, right shoulder pain, depression, anxiety, sleep disturbance, difficulty with memory and concentration. On November 15, 2012 the patient specifically complained of intense low back pain referred into the bilateral hips and severe chronic neck and right shoulder pain. The patient's medications include Lidoderm patches, OxyContin 20 mg every 12 hours for severe pain, Norco 10 mg every 8 hours for breakthrough pain, Zanaflex 4 mg, and Prilosec. On November 15, 2012 patient's physical exam revealed palpable muscle spasms in the trapezius, suprascapular and paralumbar areas with limited range of motion noted in the lumbar spine, and ambulation requiring assistance of a cane. The patient was diagnosed with right shoulder impingement syndrome, right lumbar radiculitis, chronic cervical sprain/strain, status post spinal cord stimulation implantation and explantation with MRSA infection and blood board and spread to the right calf with abscess, narcotic dependence, major depressive disorder with suicide attempt, probable somatoform disorder, chronic pain syndrome with fibromyalgia falls and cognitive decline, history of polysubstance abuse, and long-standing personality disorder. The patient was made for one intramuscular injection of Toradol 60 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 INTRAMUSCULAR INJECTION OF TORADOL 60 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

Decision rationale: 1 intramuscular injection of Toradol 60mg is not medically necessary. According to page 72 of the Ca MTUS guidelines, "Ketorolac (Toradol®[®], generic available) 10 mg. [boxed warning]: This medication is not indicated for minor or chronic painful conditions." The patient was diagnosed with multiple conditions all of which are chronic; therefore the requested medication is not medically necessary.