

Case Number:	CM13-0005332		
Date Assigned:	02/14/2014	Date of Injury:	08/23/2009
Decision Date:	06/02/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/31/2013

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 Physical Medicine & 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 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 63 year old male with a date of injury of 8/23/09. The treating physician report dated 6/26/13 indicates that the patient presents with pain affecting the left shoulder that is moderate to severe with profound limitations. On 6/26/13 a drug screen was performed and a Ketorolac Tromethamine 15mg injection was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RETROSPECTIVE DRUG SCREEN PROVIDED ON 6/26/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The treating physician reports on 1/18/13 that the patient is taking Norco 325mg. Other medications listed are Fioricet and Sumatriptan. The MTUS guidelines recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. The review of the reports does not show that there were any other urine toxicology tests

in 2013. Therefore, the urine drug screen performed on 6/26/13 was medically necessary and appropriate.

**RETROSPECTIVE KETOROLAC TROMETHAMINE INJECTION 15MG PROVIDED
ON 6/26/13: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The treating physician states on 1/18/13 that the patient is 10 days post operative shoulder arthroscopy and the patient was given a Toradol injection 60mg. On 3/27/13 another 60mg Toradol injection was performed and again on 5/22/13 another 60mg Toradol injection was performed. On 6/26/13 the treating physician report shows that another Toradol injection of 60mg was provided for pain control. The MTUS guidelines do not address Ketorolac (Toradol) injections. The ODG guidelines state that they are recommended as an option to corticosteroid injections, with up to three subacromial injections. The patient had already received 3 post surgical Toradol injections prior to the injection on 6/26/13. The guidelines do not support this injection. Therefore, the injection provided on 6/26/13 was not medically necessary or appropriate.