

Case Number:	CM14-0106178		
Date Assigned:	07/30/2014	Date of Injury:	03/09/2001
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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, and is licensed to practice in Illinois. 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 66-year-old female who reported an injury on 03/09/2001. The mechanism of injury is unknown. The injured worker has diagnoses of recurrent left rotator cuff tear, bicipital tenosynovitis left, bilateral cubital tunnel syndrome, status post Ulnar Nerve Release with Medial Epicondylectomy, bilateral carpal tunnel syndrome, impingement syndrome, cervical radiculopathy, and obesity. Past treatments included medications, urine drug screening, surgery, and diagnostic studies. Diagnostic studies included an MRI of the cervical spine on 04/14/2005, MRI of the right shoulder on 11/24/2007, and MRI on the left shoulder on 11/24/2007, an EMG/NCV upper extremity bilateral on 01/18/2008, an X-Ray of the spine and X-Ray of the left shoulder and arm. Surgical history included Ulnar Nerve Release with Medial Epicondylectomy. The injured worker continued using pain medications and modified activity level. On 03/20/2014, the injured worker was seen for left shoulder pain and stiffness, right shoulder pain and neck pain. Left shoulder pain was throbbing and gnawing, constant and severe with profound limitations. The right shoulder and arm had aching and gnawing constant and severe. The cervical spine was throbbing constant and severe, radiating to both shoulders. Right elbow and forearm, pain was gnawing constant and severe. The treatment plan for rotator cuff tear non-traumatic was continue to heating pad, Wellbutrin XL, Oxycontin, Cyclobenzaprine Prilosec, and Naprosyn and the injured worker received an injectable Toradol 60 mg, 4 units in the office. On 05/23/2014, the injured worker had been seen for left shoulder pain, left shoulder stiffness, neck pain, and right shoulder pain. The pain was described as sharp, constant, and severe. That was for the left shoulder, the right shoulder pain was described as sharp stabbing throughout the arm, constant and severe. The medications included, Naprosyn, Oxycontin, Prilosec, Cyclobenzaprine, Wellbutrin, Pristiq, Metformin, Lisinopril, and Levoxyl. The treatment plan was to continue heating pad applied to affected area for pain relief. Wellbutrin

tablet extended release 150 mg, 1 tablet every 24 hours, continue Oxycontin extended release 50 mg, twice a day, Cyclobenzaprine 7.5 mg, twice a day, and the injured worker received an injectable Toradol 60 mg, 4 units at the office today. The provider requested authorization for elbow brace sleeve. For impingement syndrome, the injured worker was to continue Anaprox DS, 1 tablet twice per day, and Prilosec 20 mg, twice per day. The rationale for the request was not provided. The Request for Authorization form was dated 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol (60mg) 4 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID's), (specific drug list & adverse effects) Page(s): 72.

Decision rationale: The rationale for Toradol 60 mg, 4 units is not medically necessary. The injured worker has a history of shoulder pain, stiffness and neck pain. The California MTUS Guidelines state Toradol is not indicated for minor or chronic painful conditions. Toradol is an NSAID. The injured worker had received prior injection of Toradol. There is no documentation of effectiveness of increased function or decreased pain scores from prior injection. As such, the request is not medically necessary.