

<b>Case Number:</b>	CM14-0012431		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/04/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Occupational Medicine 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 applicant has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; earlier shoulder surgery; and extensive periods of time off of work. The applicant was placed off of work, on total temporary disability, on January 30, 2014, one week removed from shoulder surgery, it was stated. On January 23, 2014, the applicant underwent arthroscopic biceps tenotomy, manipulation and lysis of adhesions, and subacromial decompression surgery. In a December 18, 2013 progress note, the applicant was placed off of work. The applicant was described as pending surgery. The applicant was given a Toradol injection. Portions of the note were typewritten and other portions of the note were handwritten. It was stated that the applicant was having a flare of shoulder pain, 10/10. A Toradol injection was given for that reason.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 500 MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids, Specific Drug List topic, Hydrocodone-.

**Decision rationale:** As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Vicodin or hydrocodone-acetaminophen is indicated in the treatment of moderate-to-moderately severe pain. In this case, the applicant was scheduled for shoulder surgery as of the date of the Utilization Review Report, January 19, 2014. The utilization reviewer apparently predicated its denial on what he perceived to be a lack of functional improvement with earlier usage of Vicodin. Regardless, however, the applicant was certainly in need of some amount of Vicodin for postoperative pain relief purposes. Therefore, the request was medically necessary.

**VALIUM 10 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402 do note that anxiolytics such as Valium can be endorsed for temporary periods, in cases of overwhelming symptoms so as to afford an applicant with ability to recoup emotional resources, in this case, however, it was not clearly stated why or for what purpose Valium was being prescribed. Therefore, the request is not medically necessary.

**TORADOL INJECTION GIVEN 12-18-13:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS Chronic Pain Medical Treatment Guidelines, Ketorolac section. 2. ACOEM Practice Guid.

**Decision rationale:** While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines notes that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By implication, then, injectable Toradol is likewise not recommended for minor or chronic painful conditions. In this case, however, the applicant was described as having an acute flare in pain, severe, scored at 10/10, on the dated in question. A shot of injectable Toradol was indicated, appropriate, and consistent with both page 72 of the MTUS Chronic Pain Medical Treatment Guidelines and Third Edition ACOEM Guidelines, which note that a single dose of injectable Toradol is often equivalent to opioid analgesics in applicants who present to the emergency department with severe musculoskeletal pain. In this case, again, given the applicant's reportedly severe issues with shoulder and elbow pain, a Toradol injection was indicated, for all of the stated reasons. Therefore, the request was medically necessary.