

Case Number:	CM14-0139690		
Date Assigned:	09/05/2014	Date of Injury:	01/03/1997
Decision Date:	10/09/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/28/2014

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 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 injured worker is a 65-year-old male, who reported injury on 01/13/1997; he reportedly sustained injury to his neck and upper extremities. The injured worker's treatment history included physical therapy, medications, and various types of injection therapy. The injured worker was evaluated on 07/11/2014 and it was documented the injured worker complained of neck and left upper extremity pain, right shoulder pain, bilateral hip pain, and bilateral knee pain. Within the documentation, the provider noted the injured worker's pain is partially relieved by the use of analgesic medications and various types of injection therapy. The injured worker tried conservative options, such as simple analgesics and physical therapy; however, they were not helpful overall and did not last in regards to pain reduction or functional improvement. The injured worker has had quite a few industrial injuries, and hurts in multiple areas of the body. He has been stable on doses of medications for many years that do keep him functioning and working part time. He had a coronary stent put in place, and is on Plavix for this. He reports that he has had CESI many years ago that gave him 50% relief for over 3 months. Physical examination revealed the injured worker's gait was mildly antalgic. Palpation over the region revealed prominent areas of tenderness in the region concordant with the injured worker's described area of pain. Deep palpation resulted in distal radiation of the pain. There is exhibited globally and regionally reduced range of motion. The injured worker exhibited overall normal stability in his joints. Muscle strength was reduced in the plantar flexor muscles. The injured worker was not able to toe and heel walk. The injured worker had palpable taut bands in the area of his pain. There appeared to be soft tissue dysfunction and spasm in the lumbar paraspinal and gluteal region. Straight leg raise of the affected side reproduces the injured worker's radicular symptoms. Lateral rotation and extension of spine produced concordant pain in the affected area. Diagnoses included myalgia and myositis not otherwise specified, pain in joint of upper

arm, chronic pain syndrome, cervical spondylosis without myelopathy, osteoarthritis not otherwise specified of the lower leg, and pain in joint of lower leg. The Request for Authorization, dated 07/25/2014, was for Toradol injection 1 time per month for 3 months as related to neck as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection, 1 time per month for 3 months as related to neck, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) NSAIDs, specific drug list & adverse effects Page.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: The request for Toradol injection, 1 time per month for 3 months as related to neck, as outpatient is not medically necessary. Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended for Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naprosyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. The injured worker had received a CESI that gave him over 50% relief for over 3 months, however, provider failed to indicate the injured worker long-term goals for pain management. As such the request is not medically necessary.