

Case Number:	CM14-0175085		
Date Assigned:	10/28/2014	Date of Injury:	10/05/2000
Decision Date:	12/04/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/22/2014

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:

Patient is a 57-year-old female who has submitted a claim for knee osteoarthritis, chronic pain syndrome, post laminectomy lumbar syndrome, lumbar radiculopathy, insomnia, depression, and obesity associated with an industrial injury date of 10/5/2000. Medical records from 2014 were reviewed. Patient complained of pain to both lower extremities, left shoulder, gluteal areas, both hands, both knees, cervical, and lumbar areas. Pain was rated 8/10 in severity and described as sharp, aching, shooting, and throbbing. Patient likewise complained of nausea and constipation. Patient was injected intramuscular ketorolac on 10/7/2014 for headache. She was also given cervical collar for comfort. Physical examination showed tenderness, crepitus, and laxity at the right knee. Range of motion was painful. Motor strength of the right lower extremity muscles was rated 4/5. Examination of the cervical spine showed rigidity and painful motion. Treatment to date has included bilateral knee surgery, lumbosacral fusion surgery, right knee replacement, implantation of intrathecal pump, physical therapy, and medications such as Norco, OxyContin, Valium, Topamax, Effexor, Flector patch, trazodone, meloxicam, and intramuscular ketorolac injection on 10/7/2014. Utilization review from 10/17/2014 denied the retrospective request for ketorolac 60 mg/2ML injection 2 mL because there was no evidence of intolerance to oral medications to warrant such; and denied retrospective request for cervical collar foam x 1 because response to conservative therapy was not documented in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac 60 mg/2 ml injection: Upheld

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 Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Ketorolac

Decision rationale: As stated on page 72 of CA MTUS Chronic Pain Medical Treatment Guidelines, ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG Pain Chapter further states that ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case, patient complained of pain to both lower extremities, left shoulder, gluteal areas, both hands, both knees, cervical, and lumbar areas. Pain was rated 8/10 in severity and described as sharp, aching, shooting, and throbbing. Patient was injected intramuscular ketorolac on 10/7/2014 for headache. However, medical records submitted and reviewed failed to provide information concerning headache, i.e., its history, laterality, pain scale, characteristics, and associated symptoms, among others. There was likewise no evidence of pain relief and functional improvement derived from initial intramuscular ketorolac injection. The medical necessity for a repeat injection was not established due to insufficient information. Therefore, the request for Ketorolac 60 mg/2 ml injection was not medically necessary.

Foam cervical collar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Collars (cervical).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, cervical collars are not recommended for neck sprains. They may be appropriate where postoperative and fracture indications exist. In this case, a cervical collar gel was requested to provide comfort. Patient complained of neck pain and examination showed rigidity and painful motion. However, patient was not in a cervical post-operative state, and there was no documentation regarding cervical fractures or instability. Therefore, the request for foam cervical collar was not medically necessary.