

Case Number:	CM14-0177226		
Date Assigned:	10/30/2014	Date of Injury:	03/16/2007
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 60 year old male who sustained a work injury on 3-16-07. Office visit on 9-24-14 notes the claimant has moderate to severe pain in the hips, right knee and leg. His pain is rated as 8/10. On exam, the claimant has an antalgic gait, limping when walking. He has tenderness and swelling of the right knee. Medications include Neurontin, Motrin and Famotidine. The claimant was provided with a Toradol IM injection to reduce pain due to flare up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Toradol Injection Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol) Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Ketorolac (Toradol)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter; Ketorolac

Decision rationale: ODG notes Ketorolac (Toradol) notes that the injection is recommended as an option to corticosteroid injections. Ketorolac, when administered intramuscularly, may be

used as an alternative to opioid therapy. Avoid use of an oral NSAID at the same time as the injections. Current treatment guidelines do not support the use of Toradol for chronic pain conditions or with the concomitant use of NSAIDs. Therefore, the medical necessity of this request for the 2007 injury was not established.