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| Case Number: | CM14-0184455 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 03/16/2007 |
| Decision Date: | 12/16/2014 | UR Denial Date: | 10/13/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a man who sustained a work-related injury on March 16 2007. Subsequently, the patient developed chronic upper and lower extremities pain. According to a progress report dated on August 22, 2014, the patient was complaining of severe right hip pain right neck pain and right knee pain with a severity rated 9/10. The patient also have left elbow pain. The patient physical examination demonstrated the tenderness over the right knee. The provider request authorization to administrate Toradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol injection left shoulder: 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 Toradol Page(s): 73.

Decision rationale: According to MTUS guidelines, Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Toradol is recommended for severe acute pain for a short period of time. In this case, the patient

was given injection of Toradol without documentation of acute severe shoulder pain. Therefore, the request for Retrospective Toradol injection left shoulder is not medically necessary.