

Case Number:	CM14-0034695		
Date Assigned:	06/20/2014	Date of Injury:	10/12/1995
Decision Date:	07/24/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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 Nevada. 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 female who was reportedly injured on October 10, 1995. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 23, 2014, indicates that there are ongoing complaints of neck pain radiating down both arms with numbness and tingling, right knee pain, bilateral wrist pain, low back pain, and left knee pain. The injured employee was stated to be doing a home exercise program. The physical examination demonstrated tenderness over the upper trapezius, levator scapulae, and rhomboids bilaterally. There was also tenderness over the carpal metacarpal joints and bilateral thumbs. The treatment plan included prescriptions of Omeprazole and tramadol. An injection was given with Ketorolac and Xylocaine for relief of the injured employee's neck symptoms. A request had been made for Ketorolac with Xylocaine and was not certified in the pre-authorization process on March 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac 60 mg with Xylocaine 1 ml: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Ketorolac, Updated July 10, 2014.

Decision rationale: These medications were, in fact, given as an intramuscular injection. Ketorolac is a commonly administered intramuscular anti-inflammatory medication and is recommended as an option to corticosteroid injections or as an alternative to opioid therapy. This request for Ketorolac 60 mg with Xylocaine 1 mL was medically necessary.