MAXIMUS Federal Services

Case Number:	CM14-0041170		
Date Assigned:	06/27/2014	Date of Injury:	04/04/2008
Decision Date:	08/18/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 43 year old female who reported an injury to her right wrist, cervical spine, lumbar spine, and both knees on 04/04/2008. A clinical note dated 05/08/14 indicated the initial injury occurred when the injured worker was unloading office furniture. The injured worker felt her body shift while carrying a chair and felt a pop in her within her body. The injured worker reported immediate right wrist pain. The MRI dated 09/09/11 revealed facet effusion at L2-3 with posterolateral disc protrusion at L4-5 and L5-S1. A clinical note dated 06/05/14 indicated the injured worker undergoing decompression on the right brachioplexus on 01/07/14. The injured worker showed improvements following the operative procedure. The injured worker utilized Flexeril and Celebrex and Lyrica for pain relief. The medical records reviewed dated 06/09/14 indicated the injured worker complaining of pain at several sites. Pain was also located in the neck, right shoulder, and elbow. A clinical note dated 03/17/14 indicated the injured worker continuing with Ultram and Cymbalta for pain relief. The injured worker previously underwent C5-6 Anterior cervical discectomy and fusion (ACDF). A clinical note dated 02/27/14 indicated the injured worker undergoing thoracic outlet syndrome surgery with good results. The injured worker reported no longer feeling as if she was suffocating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection into the neck muscles (Date of Service 3/6/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: As noted on page 72 of the Chronic Pain Medical Treatment Guidelines, Toradol is not indicated for minor or chronic painful conditions. There is no indication in the documentation provided that the injured worker was being treated for an acute injury. As such, the request for Toradol injection into the neck muscles (Date of Service 3/6/2014) is not medically necessary and appropriate.