

Case Number:	CM14-0045325		
Date Assigned:	07/02/2014	Date of Injury:	09/02/1999
Decision Date:	09/19/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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 California and Washington. 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 56-year-old male who reported an injury on 09/02/1999 due to cumulative trauma. Diagnoses were type I (juvenile type) diabetes mellitus with other specified manifestations, uncontrolled; gout; insulin pump status; fitting and adjustment of insulin pump; reflex sympathetic dystrophy, upper limb; reflex sympathetic dystrophy, lower limb. Past treatments were acupuncture and massage. Diagnostic studies were not reported. Surgical history was not reported. There were no subjective complaints. Physical exam on 07/24/2013 revealed a pain score of a 4/10. Pain location was in the shoulder. It was reported that there was a generalized adiposity and somewhat out of shape, but no irritation of his infusion sites. The injured worker was to be put on allopurinol for his history of gout. Medications were lisinopril, allopurinol, trazodone, Effexor, indomethacin, Advil, Lyrica, Protonix, Lipitor, Benadryl, and melatonin. There was no treatment plan reported. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 30mg Intramuscular (IM) Injections x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol (R)).

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

Decision rationale: The request for Toradol 30 mg intramuscular (IM) injections x4 is non-certified. The Official Disability Guidelines for Toradol injections state that they are an option to corticosteroid injections, with up to 3 subacromial injections. Avoid use of all oral NSAIDs at the same time as the injections. Injection of an NSAID ketorolac shows superiority over corticosteroid injections in the treatment of shoulder pain. Another advantage of an NSAID injection is that it is limited tissue atrophy or cartilage damage, and the injections may not be as limited in frequency. Ketorolac injections have an extremely strong anti-inflammatory effect, but they may also have side effects. They can cause bleeding, and patients cannot take oral NSAIDs while they are receiving injections, or if they have kidney damage. There were no reports of Toradol intramuscular injections in the document that was submitted for review. The medical necessity for the injections was not reported. The efficacy of the injections was not reported. Therefore, the request is non-certified.