MAXIMUS Federal Services

Case Number:	CM14-0051273		
Date Assigned:	06/27/2014	Date of Injury:	03/27/2000
Decision Date:	08/14/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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 Internal Medicine and is licensed to practice in Arizona. 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:

This is a 41 year old male who was moving a large box containing a ping pong table while helping a customer on 3/27/2000. He had an injury to his upper torso including his neck and right shoulder and sternum. He has had three surgeries of the shoulder and two disc replacements at C3-4, and C6-7 in 2012. He suffers from chronic pain with the most bothersome more recently being related to his sternum. His medications include Norco 10/325mg, Zanaflex, periodic prednisone for flares, and Toradol 60mg self-injected weekly. He has tried physical therapy, Chiropractic, H therapy, transcutaneous electric nerve stimulation (TENS), with varying benefit and is currently being considered for a functional restoration program. He is requesting refills of his syringes for administering Toradol injections. The notes mention that he has been on anti-inflammatories; though the names are not indicated and there is no indication if there have been intolerances. It is unclear how long he has been using the Toradol and where he has been getting the medication. He does have Hypertension and has been on hydrochlorothiazide, though he now takes Atenolol. It is unclear if he has had assessment of his kidneys.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Syringes With Needle (Gauge 18 Times 1.5): 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 Nonselective NSAIDS Page(s): 71, 72.

Decision rationale: The MTUS Chronic Pain Guidelines references the manufacturer's box warning that Toradol is not indicated for minor or chronic painful conditions. Its indication is for short-term management of moderate-to-severe acute pain requiring analgesia at the opioid level. The MTUS Chronic Pain Guidelines does list out a number of oral non-steroidal anti-inflammatory drugs (NSAIDs) that can be used for osteoarthritis pain and mild to moderate pain. Clearly Toradol IM does not have the indication for chronic pain, thus it is not deemed to be medically necessary. Subsequently, the syringes are also deemed to not be medically necessary.