

Case Number:	CM14-0052432		
Date Assigned:	07/11/2014	Date of Injury:	04/14/2008
Decision Date:	09/08/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine and is licensed to practice in California. 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 represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back pain, and chronic shoulder pain reportedly associated with an industrial injury of April 14, 2008. Thus far, the Injured Worker has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; and earlier cervical fusion surgery. In a Utilization Review Report dated March 21, 2014, the claims administrator retrospectively denied a request for Toradol and Depo-Medrol-Kenalog injections performed on or around March 6, 2014. On March 6, 2014, the Injured Worker presented with persistent complaints of ongoing neck, low back, and right shoulder pain, at a level of 6 to 7/10. The Injured Worker stated that ongoing usage of Tylenol was not altogether effective and reported claudication-like pains. She was given injections of Depo-Medrol and Kenalog in the clinic along with an injection of Toradol. The Injured Worker was placed off of work, on total temporary disability, while several topical compounds were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Intramuscular Injection Depo Medrol 80mg & Kenalog 80mg ; 3/6/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, injections of corticosteroids or local anesthetics both should be reserved for injured workers who do not improve with more conservative therapies. In this case, the attending provider did, in fact, furnish the Injured Worker with prescriptions for numerous oral and topical compounds, suggesting that other appropriate conservative treatments had not been failed at the time the injection of Depo-Medrol and Kenalog was performed. Therefore, the request was not medically necessary.

Retrospective Intramuscular Injections of Toradol 2cc; 03/06/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac/Toradol Page(s): 72. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Table 11.

Decision rationale: While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that oral ketorolac or Toradol is not recommended for minor or chronic painful conditions. By implication, then, injectable ketorolac or Toradol is likewise not recommended for minor or chronic painful conditions. In this case, the Injured Worker did, in fact present with chronic multifocal pain complaints. However, there was no mention of an acute flare in pain which could have supported an injection of an injectable ketorolac. It is further noted that the third edition ACOEM Guidelines echoes the MTUS position, noting that a single dose of injectable ketorolac is a useful alternative to a single moderate dose of opioids in injured workers who present to the emergency department with severe musculoskeletal low back pain. In this case, however, the Injured Worker did not present to the emergency department with severe musculoskeletal low back pain. Rather, she presented to the clinic setting with chronic multifocal pain complaints. Injectable Toradol was not an appropriate option in the management of the same. Therefore, the request was not medically necessary.