

Case Number:	CM14-0053954		
Date Assigned:	07/07/2014	Date of Injury:	05/13/2009
Decision Date:	11/13/2014	UR Denial Date:	04/11/2014
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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with a 5/13/09 date of injury, and status post left L4-5 and L5-S1 decompression 3/30/10 and status post anterior cervical decompression and fusion 6/1/10, and status post L3-4 and L4-5 decompression and fusion 8/27/12. At the time (4/11/14) of request for authorization for Ketorolac 10 mg # 28, there is documentation of subjective (neck pain, low back pain, and right shoulder pain) and objective (lumbar spine tenderness, restricted range of motion, positive straight leg raise, cervical spine tenderness, positive Spurling test, multiple trigger points) findings, current diagnoses (lumbosacral spondylosis without myelopathy, muscle spasms, cervical disc degeneration, cervical spondylosis), and treatment to date (medications (including ongoing use of Ketorolac since at least 12/13)). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ketorolac use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac 10 mg # 28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - 07/18/09 Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs NSAIDs. California Medical Treatment Utilization Schedule (MTUS)-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, muscle spasms, cervical disc degeneration, cervical spondylosis. In addition, there is documentation of chronic low back pain. However, given medical records reflecting prescription for Ketorolac since at least 12/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ketorolac use to date. Therefore, based on guidelines and a review of the evidence, the request for Ketorolac 10 mg # 28 is not medically necessary.