

<b>Case Number:</b>	CM14-0061779		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/19/2001
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Illinois. 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 45-year-old male who reported an injury on 03/19/2001. The mechanism of injury was a fall. The injured worker had a history of shoulder neck, and leg pain. The physical exam on 03/28/2014 revealed the injured worker had shoulder and leg pain. The pain was described as sharp, aching, burning, throbbing, and shooting. The pain frequency was constant and was rated at a 9/10. The injured worker sitting tolerance was improved by 30%, standing tolerance was improved by 30%, walking tolerance was improved by 30%, lifting tolerance was improved by 10%, household chore tolerance is improved by 10%, and working tolerance was improved by 10% with the use of opioids medication. On exam of the shoulders, the left shoulder presented at the anterior glenohumeral joint bicipital groove and posterior deltoid muscle significantly decreased. The injured worker has suffered numerous falls related to his low back, which has caused significant injuries to his left shoulder and left leg. There was severe limited range of motion and tenderness to palpation. The injured worker has received x-rays and an MRI. The injured worker had previously stated he was having problems coping with chronic pain. He was tearful and despondent. He was having difficulty obtaining his psychiatric medicine. At this time no oral medications are prescribed. The injured worker was given a Toradol 60 mg IM injection for pain, as well as inflammation and a Demerol/Phenergan 100/50 mg injection. The request was for retrospective date of service 03/28/2014 one Demerol/promethazine 100/50 mg injection and retrospective date of service 03/28/2014 Toradol injection 60 mg IM (intramuscular). The Request for Authorization form and rationale for the request were not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS 3/28/2014: One Toradol injection 60mg, IM (intramuscular): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list and adverse effects, page 72 Page(s): 72.

**Decision rationale:** The request for retrospective date of service 03/28/2014 one Toradol injection 60 mg IM (intramuscular) is non-certified. The injured worker had a history of shoulder neck, and leg pain. Toradol is a synthetic opioid and it is not recommended as a first line oral analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Toradol is not indicated for minor or chronic pain conditions. Additional recommendations provided by the Official Disability Guidelines (the ODG) mention that intramuscular Toradol injections can be used as an alternative to opioid therapy. Injured worker has chronic pain. The guidelines do not support the use of Toradol for chronic pain. The guidelines also state that injection of Toradol should be used as an alternative to opiate therapy rather than in combination with it. As such, the request for retrospective DOS 03/28/2014 one Toradol injection 60 mg IM (intramuscular) is not medically necessary.

**Retrospective DOS 3/28/2014: One Demerol/Promethazine100/50mg injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain (Chronic) Meperidine (Demerol), Promethazine (Phenergan), Antiemetics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Demerol, Promethazine.

**Decision rationale:** The request for retrospective DOS 03/28/2014 one Demerol/promethazine 100/50 mg injection is non-certified. The injured worker had a history of shoulder neck, and leg pain. The Official Disability Guidelines (ODG) state the Demerol is a narcotic analgesic listed on the Beers criteria for inappropriate medication. It is not recommended and cannot be used for acute or chronic pain. Promethazine is an antiemetic which is not recommended for nausea and vomiting due to chronic opioid therapy. However, it is recommended for its sedative and antiemetic properties before and after surgery, although caution is given regarding the medicine's significant side effects. The medication requested does not support the use for chronic pain. As such, the request for retrospective DOS 03/28/2014 one Demerol/promethazine 100/50 mg injection is not medically necessary.