

Case Number:	CM14-0062693		
Date Assigned:	07/11/2014	Date of Injury:	03/27/2010
Decision Date:	10/01/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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, has a subspecialty in Pain 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 41 year old female who reported an injury on 03/27/2010. The mechanism of injury was a fall. Her diagnoses were noted to be cervical spine strain, thoracic spine strain, lumbar spine strain, status post left shoulder surgery, left knee strain, and right ankle strain. Her MRI of the left shoulder on 05/24/2011 indicated the acromioclavicular joint showed slight to mild reactive change, her cervical plexus was abnormal and consistent with severe right C2 nerve root irritation and moderate bilateral C7 nerve root irritation. The note from 12/16/2013 reported she underwent left shoulder arthroscopy in December 2012. She used a sling and started physical therapy in March 2013. The injured worker complained of left shoulder pain with decreased range of motion and decreased motor strength. She reported her symptoms increase with personal grooming and hygiene activities. The injured worker reported her symptoms have not improved following surgery. She reported she was taking Tizanidine, Tylenol #3, and Ambien. Her physical findings consisted of 140 degree flexion of the left shoulder, 38 degrees extension, and 28 degrees adduction, 140 degrees abduction, internal rotation was 70 degrees, and external rotation was 82 degrees. The examination of the bilateral upper extremities revealed decreased motor strength. The treatment plan was for Toradol 60mg IM injection to the left shoulder and Flurmild QTY 240gm #1 (Transdermal Menthol Cream). The rationale for request and the request for authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60 mg IM injection to left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs, Specific drug list & adverse effects

Decision rationale: Based on the clinical information submitted for review, the request for Toradol 60 mg IM injection to left shoulder is not medically necessary. As stated in Official Disability Guidelines, ketorolac is not indicated for minor or chronic painful conditions and the FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. The injured worker was status post left shoulder arthroscopy. She reported her symptoms had not improved since her surgery in December 2012. She used a sling and completed physical therapy. She was taking Tizandine, Tylenol #3, and Ambien. The injured worker has had been suffering from left shoulder pain since after her reported work injury. However, there was no documentation showing severe acute pain to warrant an intramuscular ketodolac injection. Therefore, as the guidelines indicate that Toradol is not recommended for minor or chronic painful conditions, the request is not supported. Additionally, the request, as submitted, did not specify a frequency of use or quantity. As such, the request for Toradol 60 mg IM injection to left shoulder is not medically necessary.

Flurmild QTY 240 gm #1 (Transdermal Menthol Cream): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines compounded medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Based on the clinical information submitted for review, the request for Flurmild QTY 240 gm #1 (Transdermal Menthol Cream) is not medically necessary. As stated in California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. When using these compounded agents, knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal is required. The injured worker reported back pain, shoulder pain, and knee pain. She was status post left shoulder arthroscopy. She reported her symptoms have not improved since her surgery in December 2012. She used a sling and completed physical therapy. She was taking Tizandine, Tylenol #3, and Ambien. As noted in the guidelines, topical analgesics are primarily for neuropathic pain. There was a lack of documentation to show that she suffered from neuropathic pain. In addition, it was not noted that the injured worker had tried and failed a trial of antidepressants and anticonvulsants. Furthermore, it is unknown what the specific analgesic effect of each agent is and how it will be useful for the therapeutic goal. The request had

insufficient data as to the direction of how the medication will be used as well as how frequent. As such, the request for for Flurmild QTY 240 gm #1 (Transdermal Menthol Cream) is not medically necessary.