

Case Number:	CM14-0068241		
Date Assigned:	07/14/2014	Date of Injury:	10/25/2013
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 patient is a 54-year-old male with a date of injury of 10/25/2013. The listed diagnoses are bilateral shoulder impingement and C6-C7 disk herniation with bilateral cervical radiculopathy. According to progress report 04/03/2014, the patient presents with neck and bilateral shoulder pain. The patient states he has significant ongoing neck pain which he describes as burning and aching. He also has bilateral shoulder pain which he describes as stabbing and aching. His pain is rated as 7/10 on a pain scale. Examination of the cervical spine revealed tenderness at the occipital insertion of the paracervical musculature. There is mild tenderness bilaterally in the trapezial and midline base of the cervical spine. Cervical range of motion is decreased in all planes and shoulder motion is accompanied by trapezius tenderness and pain. The provider states the patient continues to be symptomatic and he is recommending an intramuscular injection of Toradol for his acute pain. Utilization Review denied the request on 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Toradol Injection (DOS: 4/3/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Toradol for Shoulder subacromial injection. Other Medical Treatment Guideline or Medical Evidence: Academic Emergency Medicine, Vol 5, 118-122, "Intramuscular Ketorolac vs oral Ibuprofen in emergency department patients with acute pain".

Decision rationale: This patient presents with neck and bilateral shoulder pain. The provider is requesting a Toradol injection for patient's acute pain. The MTUS Guidelines page 70 under NSAIDs, specific drug list and adverse effects states, "recommended with cautions below: Disease-state warnings for all NSAIDs, all NSAIDs have US boxed warnings for associated risk of adverse cardiovascular events including MI, stroke, and new onset or worsening of pre-existing hypertension. Boxed warning for Ketorolac 10 mg states that medication is not indicated for minor or chronic painful conditions." Furthermore, the Academic Emergency Medicine volume V page 118 to 122 states "intramuscular Ketorolac versus oral Ibuprofen in emergency room department patients with acute pain." Study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. The requested Toradol injection is not medically necessary.