

<b>Case Number:</b>	CM14-0076873		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 52-year-old with a reported date of injury of 04/23/2012. The patient has the diagnoses of hand sprain and shoulder strain. Previous treatment modalities have included physical therapy and acupuncture. Progress notes provided by the primary treating physician dated 06/02/2014 indicate the patient had complaints of constant severe pain in the right shoulder and hand rated a 6/10. The physical exam noted tenderness in the right hand and shoulder with decreased grip strength in the right hand. Treatment recommendations included acupuncture, MRI of the right shoulder and medication modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**retrospective (4/2/14) Toradol 60mg I M injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): no citation given. Decision based on Non-MTUS Citation Official Disability Guidelines, no citation noted.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy states, Ketorolac (Toradol, generic available) 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. The provided documentation does not provide indications for the use of the medication that are recommended therefore this request is not medically necessary.