

Case Number:	CM14-0078410		
Date Assigned:	07/18/2014	Date of Injury:	08/17/2005
Decision Date:	09/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/28/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and bilateral shoulder pain reportedly associated with an industrial injury of August 17, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; epidural steroid injection therapy; a TENS unit; and chiropractic manipulative therapy. In a Utilization Review Report dated May 16, 2014, the claims administrator denied a request for Toradol injections. It was not stated whether or not the Toradol injections were performed or not. It appeared, based on the claims administrator's description of events, that this request was treated as a retrospective request. The claims administrator stated that he had a conversation with the attending provider, who had said that the Toradol injections were being endorsed for an acute flare-up pain as opposed to chronic pain purposes. The applicant's attorney also apparently appealed. In a February 6, 2014 progress note, the applicant reported multifocal low back, neck, bilateral upper extremity, and bilateral lower extremity pain. The applicant scored her pain at 9/10 without medications and 8/10 pain with medications. The applicant's medication list included Tramadol, Motrin, and Desyrel. Several medications were refilled. Cervical epidural steroid injection therapy was sought. The applicant's permanent work restrictions were renewed. In an applicant questionnaire dated February 6, 2014, the applicant acknowledged that she was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 30mg shot IM x 2 (bilateral shoulders): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral Ketorolac/Toradol section Page(s): 72.

Decision rationale: While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does state that usage of oral Toradol is not indicated for chronic or minor painful conditions. By implication, then, injectable Toradol is likewise not indicated for chronic or minor painful conditions. In this case, however, the applicant presented to the office visit in question reporting 9-10/10 pain about the neck and shoulder. The applicant was having "intense pain," the attending provider had said. The Toradol injection in question was apparently performed to ameliorate the applicant's acute flare in pain at the 9-10/10 level. It is further noted that the Third Edition ACOEM Guidelines also notes that a single dose of Ketorolac appears to be a useful alternative to a single dose of opioids in the management of applicants who present to the emergency department with severe musculoskeletal low back pain. In this case, by analogy, the applicant presented to the clinic setting with severe pain at the 9/10 level. The shot of injectable Toradol to ameliorate the applicant's severe pain complaints was, by implication, indicated. Therefore, the request was medically necessary.