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| Case Number: | CM14-0094320 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 05/10/1999 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

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's original date of injury was May 10, 1999. The industrially related diagnoses include failed back surgery syndrome, bilateral carpal tunnel syndrome, a history of right carpal tunnel release, chronic left shoulder pain, left-sided ulnar neuritis, lateral epicondylitis, and left DeQuervain's tenosynovitis. The patient is currently on Norco, Ultram, Ambien, and Flexeril. The notes indicate that the injured worker received Toradol injections in clinic on multiple occasions. The disputed issue is a request for Toradol injection. The rationale for the denial was that the patient is receiving concomitant Motrin and therefore the Toradol injection was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: Regarding the request for Ketorolac, Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The

FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. Within the information available for review, there is documentation of severe pain. However, guidelines note it is not indicated for chronic painful conditions, and the healthcare provider should instead adjust oral medications to treat exacerbations instead of resorting to IM (intramuscular) injections. Furthermore, the note on 4/22/2014 does not document a recent flare up of pain, and in fact documents "persistent aching pain" in the low back. As such, the currently requested injection is not medically necessary.