

Case Number:	CM14-0201067		
Date Assigned:	12/11/2014	Date of Injury:	11/16/2007
Decision Date:	01/31/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 60 year old female with an injury date of 11/16/07. Based on the 10/30/14 progress report provided by treating physician, the patient complains of lumbar spine and right knee pain. Patient ambulates with a cane. Physical examination of the lumbar spine revealed tenderness to palpation from L3-S1 region and bilateral paraspinal muscles. Straight leg raise test was positive on the left. Examination of the right knee revealed diffuse tenderness with greater pain in the medial joint line. Positive McMurray's for medial joint line pain. Patient has been prescribed Lyrica, Tylenol#3, and Zantac. Patient is to continue home exercise program. Patient has been given Toradol Xylocaine injection into the left gluteus medius region, which she tolerated well. Per progress report dated 10/30/14, provider plans to "treat the lumbar spine prior to addressing the right knee arthroscopic surgery." Patient remains temporarily totally disabled. Diagnosis 10/30/14 - cervical thoracic strain/arthrosis - right shoulder impingement syndrome with a chronic vagal joint arthrosis - left shoulder impingement syndrome with a chronic vagal joint arthrosis and possible rotator cuff tear - bilateral carpal tunnel syndrome - bilateral cubital tunnel syndrome - lumbosacral strain/arthrosis last discopathy - right knee strain/mild arthrosis of the possible menisc tears - tension headaches- psychiatric complaints. The utilization review determination being challenged is dated 11/12/14. Treatment reports were provided from 05/16/14 - 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for injection of 2cc of 60mg Toradol with 1 cc of 1 percent Xylocaine for the service date of 10/30/2014: 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 Toradol injections Page(s): 72.

Decision rationale: The patient presents with lumbar spine and right knee pain. The request is for RETROSPECTIVE REQUEST FOR INJECTION OF 2CC OF 60MG TORADOL WITH 1CC OF 1% XYLOCAINE FOR THE SERVICE DATE 10/30/14. Patient's diagnosis on 10/30/14 included lumbosacral strain/arthrosis last discopathy, and right knee strain/mild arthrosis of the possible menisc tears. Patient ambulates with a cane. Physical examination of the lumbar spine on 10/30/14 revealed tenderness to palpation from L3-S1 region and bilateral paraspinal muscles. Straight leg raise test was positive on the left. Examination of the right knee revealed diffuse tenderness with greater pain in the medial joint line. Positive McMurray's for medial joint line pain. Patient has been prescribed Lyrica, Tylenol#3, and Zantac. Patient is to continue home exercise program, and remains temporarily totally disabled. MTUS states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs oral ibuprofen in emergency 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." Patient has been given Toradol Xylocaine injection into the left gluteus medius region on 10/30/14, which she tolerated well. However, treater has not documented why the patient needs Toradol injection as opposed to taking oral NSAIDs, which provides comparable level of analgesia. Additionally, MTUS does not recommend this medication for "chronic painful conditions." Therefore the request IS NOT medically necessary.