

Case Number:	CM14-0203282		
Date Assigned:	12/15/2014	Date of Injury:	09/10/2002
Decision Date:	02/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab 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 58 year old female with date of injury 9/12/02. The treating physician reports relevant to the case was not submitted for review. The following information comes from the Utilization Review Report dated 12/2/14. Patient reports her pain at its worse as 8/10 on VAS without medications, with medications average is 5/10. She reports neck pain with shooting pain to the left paracapular and shoulder areas. She has frequent spasms. Current medications are MS Contin, Soma, Norco 10/325mg, Naproxen 500mg, Ambien 12.5, and Zanaflex 4mg. The patient has tenderness in the cervical paraspinals and trapezius muscles with trigger points. ROM is slightly decreased from cervical flexion, extension, rotation, and side bending. Due to treating physician reports not being submitted with this case, there is no indication as to what the diagnoses are. The utilization review report dated 12/02/14 denied the request for a urine toxscreen and Ketorolic Injection based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine toxscreen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96.

Decision rationale: The patient presents with neck and shoulder pain. The current request is for One urine toxscreen. There was no treating physician report submitted to determine the reason for the request. The MTUS guidelines recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. Due to lack of documentation provided, there is no way of knowing if the patient underwent any previous drug screenings as the guidelines only allow one per year. The request is not medically necessary.

Ketorolac injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The patient presents with neck and shoulder pain. The current request is for Ketorolac Injection. The MTUS guidelines state for Ketorolac (Toradol), "This medication is not indicated for minor or chronic painful conditions." In this case, there is no documentation provided that indicates the patient is dealing with an acute condition that requires an intramuscular NSAID injection. The request is not medically necessary.