MAXIMUS Federal Services

Case Number:	CM15-0007729		
Date Assigned:	01/26/2015	Date of Injury:	04/07/2014
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old female was injured 4/7/14 in an industrial accident sustaining injury to her left shoulder/ arm; left and right wrist/ hand; neck; left ankle and foot. Mechanism of injury was inversion injury, resistive movement. She currently complains of constant achy, stabbing, pins and needles pain in the left shoulder with radiation to the neck and upper arm. Her medications include Anaprox-DS, Prilosec, Ultracet and Toradol. She has a modified activity level. Diagnoses are left heel plantar fasciitis; status post left foot and ankle inversion injury; left shoulder rotator cuff strain with tendinosis; partial thickness rotator cuff tear and impingement; bicipital tendinitis. On 11/18/14 she underwent left shoulder arthoscopic acromioplasty; arthroscopic distal claviculectomy; complete synovectomy; tendodesis of the long head of the bicep and mini open rotator cuff repair. Treatments include physical therapy, radiographs of the left shoulder and left foot/ ankle, MRI of the left shoulder (6/23/14) which showed pronounced tendinosis, steroid injection left shoulder (8/4/14), and shoe inserts. The treating physician requested Toradol 60 mg 4 Units. On 12/10/14 Utilization Review non-certified the request for Toradol 60 mg 4 Units based on the standard of care that this medication can be administered 60 mg (1 Unit) at a time. MTUS/ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Injectable Toradol 60mg, 4 units (DOS: 11/20/14), QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ketorolac injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available Page(s): 72. Decision based on Non-MTUS Citation Pain (chronic)& Shoulder

Decision rationale: Retrospective request for Injectable Toradol 60mg, 4 units (DOS: 11/20/14), QTY: 1 is not medically necessary per the MTUS and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines state that Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning] is not indicated for minor or chronic painful conditions.Ketorolac (Toradol, generic available): 10 mg. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the risk of serious side effects. The ODG states that Ketorolac injections are recommended as an option to corticosteroid injections, with up to three subacromial injections. The request asks for 4 units which is not medically necessary as the patient should not receive greater than one unit at a time. The request therefore is not medically necessary.