

Case Number:	CM15-0132432		
Date Assigned:	07/20/2015	Date of Injury:	04/27/2013
Decision Date:	08/28/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female sustained an industrial injury to the neck and both shoulders via cumulative trauma from 1-1-10 to 8-19-10. Magnetic resonance imaging right shoulder (11-7-14) showed a rotator cuff tear and moderate tears of the supraspinatus and infraspinatus tendons. Magnetic resonance imaging cervical spine (11-7-14) showed chronic spinal canal stenosis with moderate chronic degenerative neural foraminal narrowing and anterolisthesis at C6-7. Magnetic resonance imaging left shoulder (11-7-14) showed a full-thickness tear of the supraspinatus tendon with partial tearing of the long head of the biceps tendon. The injured worker underwent right rotator cuff tear repair with biceps tenodesis and Mumford procedure on 2-13-15. In the most recent documentation submitted for review, a qualified medical evaluation dated 6-8-15, no objective or subjective findings were documented. The physician recommended a referral to an orthopedic surgeon for treatment of bilateral shoulders and treatment of the cervical spine with left sided cervical epidural steroid injections at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 10 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs), Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73. Decision based on Non-MTUS Citation Ketorolac Prescribing Information.

Decision rationale: The claimant sustained a cumulative trauma injury with date of injury in August 2010 and continues to be treated for bilateral shoulder pain. He underwent an arthroscopic repair of a recurrent rotator cuff tear in February 2015. In July 2015 he had ongoing shoulder pain with weakness and stiffness. There was decreased range of motion and strength. Oral Toradol is being requested. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In adults, the combined duration of use of IV or IM dosing of Toradol (ketorolac) is not to exceed 5 days and the use of oral Toradol is only indicated as continuation therapy to IV or IM dosing. It is not indicated for minor or chronic painful conditions. In this case, it is being prescribed on a long-term basis and the claimant's condition is chronic. Ongoing prescribing was not medically necessary.