

Case Number:	CM15-0132822		
Date Assigned:	07/20/2015	Date of Injury:	12/08/1998
Decision Date:	08/14/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 is a 61-year-old female, who sustained an industrial injury on 12-08-1998, secondary to tripping while pulling a hose. On provider visit dated 06-23-2015 the injured worker has reported chronic neck pain with radiation down both arms. On examination of the moderate tenderness over the cervical paraspinal and upper trapezius with tightness and spasms noted, limited range of motion in cervical spine was noted. And sensation to light touch was diminished. Positive Phalen and Tinel's sign was noted. The diagnoses have included cervical degenerative disc disease, cervical radiculopathy, myofascial pain syndrome and depression. Treatment to date has included medication, physical therapy, massage therapy and acupuncture. The injured worker was administered intramuscular injection of Toradol into the right upper gluteal muscles. The provider requested Retrospective Toradol 60 mg IM injection times 1 (DOS 6-23-15) due to flare up of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol 60 mg IM injection times 1 (DOS 6-23-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, updated 04/30/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 70-71.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and chronic pain states: Recommended with cautions below. Disease-State Warnings for all NSAIDs: All NSAIDs have [U.S. Boxed Warning]: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs should never be used right before or after a heart surgery (CABG - coronary artery bypass graft). NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). See NSAIDs, GI Symptoms and Cardiovascular Risks. Other disease-related concerns (non-boxed warnings): Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Specific NSAID Classes are outlined below: Ketorolac (Toradol, generic available): [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. This medication is not indicated for minor pain or chronic painful conditions. Per the documentation provided, the patient has ongoing chronic pain. Though the pain is not characterized as minor as demonstrated through VAS scores, it is chronic in nature. Therefore criteria for the use of Toradol per the California MTUS have not been fully met and the request is not medically necessary.