MAXIMUS Federal Services

Case Number:	CM15-0137880		
Date Assigned:	07/27/2015	Date of Injury:	08/11/2003
Decision Date:	08/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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: California
Certification(s)/Specialty: Emergency 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:

The injured worker is 50-year-old male who sustained an industrial injury on 8/11/03 when a 20-ton jack slipped, a beam broke causing the injured worker to be thrown back 15 feet on his right side, and the beam struck his right hand. His right hand was immediately swollen. He was medically evaluated, x-rayed, given pain medication and a cast applied to the right forearm. Physical therapy was started. Three days after the accident the cast was removed and the injured worker complained of pain in the right shoulder and elbow and numbness in the right leg. He was also experiencing pain and muscle spasm in his neck. He had a prior industrial accident in 2000 that involved his low back. He currently complains of constant, throbbing neck pain with radiation to the elbow; right shoulder pain; intractable hand pain with progressive loss of motion; constant low back pain with radiation to the right gluteal area, right lower extremity with burning and giving way, numbness and tingling He has sleep disturbances due to pain. Medications were Prilosec, Anaprox-DS, trazadone, Sertraline, Effexor XR, Ultram ER, Terocin patch. Diagnoses include post laminectomy syndrome, cervical; cervical radiculopathy; impingement syndrome, right; adhesive capsulitis of the right shoulder; carpal tunnel syndrome. Treatments to date include physical therapy without benefit; psychological sessions; medications with benefit. Diagnostics include lumbar myelogram/ computed tomography lumbar spine (8/18/04) showing disc bulge; computed tomography of the cervical spine (8/18/04) showing uncovertebral and facet hypertrophy, mild disc bulge; right shoulder MRI (12/17/04) showing rotator cuff tendinosis/ tendinopathy. In the progress note dated 6/4/15, the treating provider's

plan of care included administration of Toradol 60 mg, 4 units for pain control. The injured worker ran out of his Terocin patches and was requesting an injection of Toradol to get the pain controlled.

IMR ISSUES, DECISIONS AND RATIONALES

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

One ketorolac tromethamine 60mg injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN (Chronic), Ketorolac (Toradol).

Decision rationale: The requested one ketorolac tromethamine 60mg injection is not medically necessary. CA MTUS is silent. Official Disability Guidelines (ODG), Pain (Chronic), Ketorolac (Toradol) note that it is only recommended for short-term use in the treatment of acute pain and is not indicated in the treatment of minor or chronic pain. The injured worker has constant, throbbing neck pain with radiation to the elbow; right shoulder pain; intractable hand pain with progressive loss of motion; constant low back pain with radiation to the right gluteal area, right lower extremity with burning and giving way, numbness and tingling He has sleep disturbances due to pain. The treating physician has not documented the presence of an acute pain condition. The criteria noted above not having been met, one ketorolac tromethamine 60mg injection is not medically necessary.