

Case Number:	CM15-0139756		
Date Assigned:	07/29/2015	Date of Injury:	02/29/1996
Decision Date:	08/28/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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:

The injured worker is a 68 year old female with an industrial injury dated 02-29-1996. The injured worker's diagnoses include osteoarthritis of right acromioclavicular joint (AC) joint, right bicipital tendonitis and subacromial bursitis on the right with impingement. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In the most recent progress note dated 05-08-2015, the injured worker reported right anterior & posterior shoulder pain. The injured worker also reported that she could barely lift her arm. Objective findings revealed tenderness to palpitation in the posterior right shoulder and biceps and pain with active range of motion. The injured worker received a corticosteroid injection. The treatment plan included ice therapy, physical therapy and follow up appointment. The treating physician prescribed Toradol 60mg intramuscular (IM), now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg intramuscular (IM): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs, Ketorolac (Toradol).

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 claimant has a remote history of a work injury and is being treated for right shoulder and low back and right hip pain. When seen, she had been to the emergency room 2 weeks before. There was shoulder tenderness with decreased range of motion. There was decreased right upper extremity and bilateral lower extremity strength. Medications included Percocet. A Toradol injection was administered. The oral form of Toradol (Ketorolac) is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. This medication is not indicated for minor or chronic painful conditions. Guidelines recommend Ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, the claimant was not in any documented distress and discontinuing opioid medication was not being considered. The injection was not medically necessary.