

Case Number:	CM15-0143321		
Date Assigned:	08/04/2015	Date of Injury:	07/15/2010
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/24/2015

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: Preventive Medicine, Occupational 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 a 65-year-old female, who sustained an industrial injury on 7-15-2010. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical herniated pulposus, spondylosis, status post cervical fusion and revision, and status post left shoulder surgery. Treatments to date include medication therapy and physical therapy. Currently, she complained of neck pain with numbness in the left upper extremity. A previous intramuscular injection of Toradol was noted to have been helpful. On 6-8-15, the physical examination documented cervical tenderness, muscle spasms, and decreased range of motion. An intramuscular injection of Toradol 60mg was administered on this date. The appeal requested authorization for the injection of Toradol administered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular (IM) Toradol Injection, (retrospective DOS 6/8/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-70.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Toradol is specifically not indicated for chronic pain. The injured worker has had Toradol injections previously, and the efficacy of these injections is not reported in terms of pain reduction or objective functional improvement. Additionally, there is no documentation providing evidence that the injured worker had failed with a trial of acetaminophen. The request for Intramuscular (IM) Toradol Injection, (retrospective DOS 6/8/2015) is determined to not be medically necessary.